

Case Number:	CM14-0029720		
Date Assigned:	06/16/2014	Date of Injury:	04/09/2001
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

She is status post anterior cervical spine fusion on an unknown date. Home health care was recommended 3 times a week for 4 hours per day for an unknown duration. On 02/06/14, she was seen for neck pain with headaches and similar pain. She had significant pain and had trouble taking care of herself and performing her normal daily activities. She was using fentanyl patch, Cymbalta, and vitamin B12. Patient noted some severe pain with indiscrete movements of her neck, right shoulder, and low back and increased activities worsened her pain. She had findings involving the cervical spine and right shoulder joint with trigger points and a slow shuffling gait favoring her right leg and knee. She was using a walker. She has myofascial pain syndrome and lumbar facet arthropathy with bilateral SI joint pain. She also has right knee pain with degenerative arthritis. Authorization was recommended for home health care because she was having difficulty caring for herself and carrying out normal daily activities. There is no mention of any skilled medical care that is needed. She had an MRI on 11/01/13 and has residual chronic pain after her fusion surgery. Cervical fusion hardware at C5-C6 with bone fusion was redemonstrated on the MRI. She was using fentanyl patch, Cymbalta, and vitamin B12. Home health care was recommended when she was seen on 04/03/14. It had been previously recommended and authorization was awaited. She saw [REDACTED] on 05/12/14 for a follow-up visit for her neck pain with headaches and radiating pain to the upper extremities, right shoulder pain and low back pain radiating to lower extremities with right knee pain. Her pain was constant in the shoulder, knee, low back, and neck. Her neck pain was better with massage, medications, and rest. Her low back pain was better with medications and rest. The same was true of her knee and shoulder pain. Her cervical spine was tender over the spinous processes and interspaces from C3-C7. She had palpable trigger points. She had tenderness of the occipital nerves bilaterally. She had bilateral sacroiliac joint tenderness. She had limited range of motion

in all directions. She had positive Tinel's worse on the right side. There was swelling of the right knee with degenerative deformity. Straight leg raise was positive bilaterally. It is not described. The brachioradialis reflexes were decreased.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HOME HEALTH CARE 2 X WEEK, 4 HOURS A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Services Page(s): 84.

Decision rationale: The history and documentation do not objectively support the request for home health services 2 x per week, 4 hours per day. The Chronic Pain Medical Treatment Guidelines state "home health services may be recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, there is no evidence that the claimant requires skilled clinical or nursing care. Her date of surgery is unknown but likely is remote based on the available information. She reports difficulty with her ADLs but without evidence of complications from surgery or other medical conditions. The medical necessity of this request has not been established; therefore request is not medically necessary.