

Case Number:	CM14-0030534		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2010
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 57 year old female who was injured on 4/23/10. She was diagnosed with right shoulder impingement syndrome, right elbow contusion, right wrist internal derangement, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy at both elbows, lumbar strain with lumbar disc disease, and right ankle sprain. The following treatments were recommended for her: acupuncture, oral medications, topical medications, TENS unit, wrist braces, lumbar brace, physical therapy, and exercises. She was seen on 1/16/14 by her treating physician complaining of worse symptoms overall, as well as worsening numbness and tingling in her feet due to her uncontrolled diabetes. She reported difficulty sleeping, walking, and performing "all of her daily house chores", according to the progress note. Physical examination revealed decreased range of motion of both her shoulders with positive impingement signs bilaterally. Her right elbow was tender as well as both wrists, right ankle and lumbar paraspinal muscles. Her grip strength was reduced (not graded) in both hands, and sensation was reduced in both hands along the median nerve distribution. Lower back range of motion was restricted and sensation was reduced along right L5 dermatome, but with normal strength and normal reflexes of both lower extremities. She was recommended she see internal medicine to treat her diabetes and dizziness as well as a referral to rheumatologist. She was recommended home care to complete her "household chores as she can no longer do it independently."

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 5 hours a day three days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for 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. The MTUS also clarifies that 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 the case of this worker, there was no mention of any medical treatment that required home services, and instead only household chores were mentioned. Therefore, request for home care 5 hours a day three days a week is not medically necessary.