

Case Number:	CM14-0030658		
Date Assigned:	06/20/2014	Date of Injury:	03/08/2007
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female who reported an injury 03/08/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 02/13/2014 indicated diagnoses of right shoulder impingement syndrome, right elbow contusion, right wrist internal derangement, lumbar strain, right ankle sprain, bilateral carpal tunnel syndrome, and bilateral ulnar neuropathy at the elbows. On physical examination of the bilateral shoulders, range of motion was decreased in flexion and abduction planes bilaterally and there was a positive impingement sign. The injured worker had tenderness to palpation of the right lateral elbow, bilateral wrist joint lines were tenderness to palpation and grip strength was reduced bilaterally. The injured worker's sensation was reduced in bilateral median nerve distribution. The injured worker's lumbar spine evaluation revealed muscle tenderness at the paravertebral muscles and spasms were present. The range of motion was restricted and the injured worker's sensation was reduced in right L5 dermatomal distribution. However, motor strength was intact and deep tendon reflexes were normal and symmetrical. The injured worker's right ankle talofibular ligament was tender to palpation. The injured worker's prior treatments included diagnostic imaging, physical therapy and medication management. The injured worker's medication regimen included traumeel tablets, liquid gel, Flector patch and Salonpas hot patch. The provider submitted a request for home care 5 hours per day 3 days per week for household chores. A Request for Authorization dated 01/16/2014 was submitted for home care 5 hours per day 3 days per week; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care five hours per day three days per week for household chores: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states home health services are 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. There is lack of evidence of the injured worker being homebound or attending any type of rehabilitation program such as physical therapy. In addition, homemaker services like shopping, dressing and bathing are not included in medical treatment. Furthermore, there was no justification for the request. Therefore, the request for home care 5 hours per day 3 days per week for household chores is not medically necessary.