

Case Number:	CM14-0032489		
Date Assigned:	03/19/2014	Date of Injury:	04/27/2013
Decision Date:	05/20/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery, 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:

The claimant is an 80-year-old who was injured in a work related accident on April 27, 2013. The clinical records for review include a January 6, 2014 followup assessment indicating continued neck pain as well as radiating pain to the fingers and hands. The claimant's current working diagnosis on that date was cervical spondylosis, a right shoulder rotator cuff tear with impingement, musculoligamentous sprain to the lumbosacral spine, degenerative disc disease, diffuse degeneration to the right knee. Recommendations at that time were for an MRI scan to further assess the claimant's right shoulder. It is noted that the MRI was necessary for this 80-year-old individual as she is "very active and otherwise very healthy." The recommendation was also made for a home health aide for continued use for this claimant's clinical course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE: 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 section on Home health services Page(s): 51.

Decision rationale: According to the MTUS Chronic Pain Guidelines, home health is reserved for situations where individuals are noted to be homebound on a part time or intermittent basis. Medical treatment does not include homemaker services and generally recommendations are for no more than 35 hours per week. In this setting there is no documentation as to need for a home health aide as the last clinical assessment indicates the claimant could be quite active and otherwise "very healthy". The lack of documentation to support that this individual is homebound and the documentation regarding her activity level would fail to necessitate the acute need of a home health aide. Furthermore, in this case there is no specific documentation as to which services this individual would provide or a timeframe for which services would be rendered per week. The request is not medically necessary and appropriate.