

Case Number:	CM14-0033109		
Date Assigned:	06/25/2014	Date of Injury:	09/11/2000
Decision Date:	07/25/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 Practice 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:

This patient is a 50 year. old female claimant sustained a cumulative work injury from 9/11/99 to 9/11/2000 to both her hands, low back and shoulders. She has a diagnosis of cervical spondylosis, bilateral carpal tunnel, lower extrmity radiculopathy and post laminectomy syndrome. An exam report from the treating physician on 1/27/14 noted significant pain and reduced range of motion in the involved regions. The claimant had undergone cervical discectomy, right shoulder decompression, lumbar fusion, and left carpal tunnel release. She had been on oral analgesics. The treating physician requested 12 hours per day or home health for activites of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent home health care 12 hours per day per 5 days a week x 1 week: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Home health is : 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, the amount of home health hours and support for daily activities is not supported by the guidelines and is therefore not medically necessary.