

Case Number:	CM14-0033529		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2007
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Rehabilitation, Pain Medicine, and is licensed to practice in Texas. 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 56-year-old female whose date of injury is 06/07/2007. The injured worker reported cumulative trauma injury secondary to working on an assembly line. The injured underwent surgery on both wrists which provided temporary relief. While in physical therapy, the injured worker fell and injured the left knee in 2009. She had surgery which did not help. Follow up note dated 09/04/13 indicates that she is recommended to continue physical therapy. A follow up visit for chronic bilateral upper extremity and knee pain is noted. The injured worker suffers from severe depression and anxiety. Home health aide notes from March 2014 indicate that the injured worker needed assistance with showering, shampooing her hair, nail care, dressing, feeding, washing dishes and laundry. The diagnoses are internal derangement of knee, cervical radiculopathy, contusion of elbow, joint pain wrist, sprain/strain wrist, and enthesopathy of wrist and carpus.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED HOME CARE, TWELVE (12) HOURS PER DAY (COMPANION): Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for extended home care 12 hours per day is not recommended as medically necessary. The CA MTUS guidelines support home health services for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis. Additionally, the CA MTUS guidelines note 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. As such, the request is not certified.