

Case Number:	CM14-0035066		
Date Assigned:	06/23/2014	Date of Injury:	10/03/2003
Decision Date:	07/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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, and is licensed to practice in Nevada. 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 60-year-old who was reportedly injured on October 3, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 14, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, lower back pain, shoulder pain, right elbow pain, bilateral wrist pain, hand pain, knee pain, ankle pain and foot pain. There was a complaint of numbness and tingling radiating to the upper and lower extremities. The physical examination demonstrated tenderness at the right shoulder and throughout the upper extremities. There was a diagnosis of RSD of the right upper extremity and chronic pain syndrome. Previous treatment includes oral medications and aquatic therapy. A request had been made for home health care aide for fourteen hours per week and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care aide/caregiver for fourteen hours per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, home healthcare services are only indicated for those individuals who are truly homebound on at least a part-time or intermittent basis. Home healthcare also does not include homemaker services such as shopping, cleaning, and laundry. There is no documentation in the medical record that the injured employee is homebound and in need of such assistance in the home. The request for home health care aide/caregiver for fourteen hours per week is not medically necessary or appropriate.