

Case Number:	CM14-0036506		
Date Assigned:	03/28/2014	Date of Injury:	11/03/1993
Decision Date:	04/16/2014	UR Denial Date:	03/11/2014
Priority:	Expedited	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 Occupational Medicine 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:

Patient is a 69 year old male with date of injury 11/03/1993. In a follow-up report provided by the primary treating physician dated 10/30/13, patient complains of problems with his neck and shoulder. Objective findings: An examination of the cervical and lumbar region demonstrated a range of motion that was unchanged from previous examination. Upper extremity motion was found to be restricted in the bilateral shoulders mostly in abduction. Patient's balance was also found to be impaired although his motor exam is within normal limits. The patient stated that he required help with housekeeping, laundry, cooking, and errands including getting back and forth to physician visits. An additional, more recent follow-up report dated 1/23/14, states the patient's subjective complaints appear to be unchanged. Objective findings and diagnoses were also unchanged from the previous report dated 10/30/13. Diagnoses include: 1. Multi-level degenerative disk disease and facet arthropathy status post anterior cervical discectomy and fusion with chronic neck pain 2. Gait abnormality with impaired balance and proprioception 3. Thoracic outlet syndrome 4. Depression 5. Gastroesophageal reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

home health care for assistance of ADLs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Low Back Chapters, Home Health Services

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.