

Case Number:	CM14-0037981		
Date Assigned:	06/25/2014	Date of Injury:	02/12/2002
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Management, 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 patient is a 66 year old with an injury date on February 12, 2002. Patient had increased discomfort in axial spine with colder weather but was resolved per February 26, 2013 report. Patient had a bout of light-headedness and fell on February 8, 2014, but was evaluated at the hospital and had no obvious injuries or causes of the fall per February 18, 2014 report. Based on the February 18, 2014 progress report provided by [REDACTED] the diagnoses are cervical disc protrusion with degenerative joint and disc disease at C2, C3, C4, C5, C6, C7, thoracolumbar spine strain, lumbar radicular syndrome, status-post right shoulder arthroscopy with arthroscopic subacromial decompression and excision of distal clavicle, from January 17, 2003, adhesive capsulitis right shoulder, left rotator cuff tendinitis and impingement syndrome, status post straining injury, both elbows, bilateral carpal tunnel syndrome, status-post right knee operative arthroscopy from June 21, 2004, internal derangement/degenerative joint disease both knees, closed head injury, and degenerative joint / disc disease of the lumbar spine with protrusion at L1-2, L2-3, L3-4, L4-5, and L5-S1. An exam on February 18, 2014 showed Patient ambulates with wide-based antalgic gait using quad cane, feels unsafe ambulating without cane. Tenderness to palpation in the cervical paravertebral muscles and both trapezial regions. Cervical range of motion decreased by 40%. L-spine tenderness to palpation in the paravertebrals. Lumbar range of motion slightly decreased, but severely in flexion at 20 degrees. Straight leg raise is negative. Right shoulder shows mild rotator cuff/deltoid weakness. Mild acromioclavicular joint tenderness. Left shoulder shows tenderness to palpation over anterior rotator cuff with mild acromioclavicular joint tenderness. Shoulder range of motion slightly diminished, but flexion/abduction is decreased by 40% and 60% respectively. Bilateral elbows have no localized tenderness, negative Tinel's, and good range of motion. Bilateral wrists have normal range of motion, but tenderness to palpation over flexor compartment, extensor

compartment, and carpal canal with positive Phalen's and median nerve compression sign. Right knee has medial/lateral discomfort with McMurray's maneuver with mild crepitation. Left knee has a small effusion. [REDACTED] is requesting ongoing home health care - 11 hours a day, 7 days a week. The utilization review determination being challenged is dated 3/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from February 6, 2013 to February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing home health caregiving, eleven hours daily, seven days weekly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS pg 51: Home health services 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. (CMS, 2004) Page(s): 51.

Decision rationale: This patient presents with neck pain, back pain, and bilateral wrist pain. The treater has asked for ongoing home health care - 11 hours a day, 7 days a week on February 18, 2014.. On February 26, 2013., patient is doing independent aquatic exercise program at a local gym. The February 18, 2014.report shows patient has problems with power lift recliner, scooter, and sleep apnea device as well as difficulty maintaining care giving but no specifics were mentioned. Regarding home health services, the Chronic Pain Medical Treatment Guidelines recommends only 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, requested home care 11 hours a day 7 days a week does not include a timeframe or end-date. This request is open-ended in duration, while ODG recommends on a part-time or intermittent basis. Furthermore, there is no explanation as to why the patient requires care for 11 hours a day for 7 days a week, such as danger to self, or others, inability to transfer, etc. Most importantly, there are no diagnostic explanation for the patient's poor function other than pain. Closed head injury is listed but no significant brain function compromise is documented. While the patient is walking poorly, some weakness, there is no diagnosis other than pain as an explanation. The request for ongoing home health caregiving, eleven hours daily, seven days weekly, is not medically necessary or appropriate.