

Case Number:	CM14-0041461		
Date Assigned:	06/27/2014	Date of Injury:	01/07/2009
Decision Date:	07/31/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/07/2014

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 Medicine and is licensed to practice in Utah. 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 55 year-old female. The patient's date of injury is 1/7/2009. The mechanism of injury had been described as a cumulative trauma, but there is no specific injury explained. The patient has been diagnosed with strain of the left elbow, sprain of the shoulder, sprain of the upper arm, rotator cuff syndrome, carpal tunnel syndrome and lateral epicondylitis. The patient's treatments have included imaging studies, including MRI, Nerve conductions studies, surgery (the patient is s/p left lateral epicondyle release, and s/p carpal tunnel release), physical therapy, and medications. The physical exam findings dated 11/15/2012 showed tenderness to palpation over the lateral malleolus; range of motion decreased flexion 130 and extension 0, with decreased sensation in the left forearm and left ulnar nerve distribution. Physical exam findings of 2/17/2014, state the shoulder has AC joint tenderness, with decreased range of motion. The patient's medications have included, but are not limited to, Morphine, Vicodin, Motrin and Pepcid. The request is for Home health care assistance, as detailed above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance, 3 hours per day, 6 days per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The MTUS Chronic Pain Guidelines state the following: home health care is recommended for patients that are homebound. Homemaker services like shopping, cleaning, laundry and personal care (bathing, toileting and dressing) are not considered medical treatment. The medical records provided for review do not state that the patient is homebound. As such, the request is not medically necessary and appropriate.