

Case Number:	CM14-0045444		
Date Assigned:	07/02/2014	Date of Injury:	01/06/2010
Decision Date:	08/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Practice and is licensed to practice in Texas & Georgia. 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 38 year old female that reported an injury on 01/06/2010 due to fall. The injured worker complained of increase in intensity and frequency of pain. On physical examination dated 03/17/2014 there was tenderness to palpation of the right and left shoulder. There was decreased sensation to all digits of the right hand, and tenderness to the left knee. The injured worker's diagnoses include morbid obesity cervical sprain/strain, bilateral shoulder sprain/strain, bilateral wrist pain, lumbar sprain/strain, bilateral knee and ankle pain. The injured worker's medication was Robaxin, Lyrica, and Ibuprophen. The request for authorization form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services 5 days per week, 12 hours a day: 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 guidelines from the California Medical utilization Treatment Schedule states home health services are recommended only for otherwise medical treatment for patients

who are homebound, on a part-time or intermittent basis generally up to no more than 34 hours per week. This medical service does not include homemaker services like shopping, cleaning, laundry, or personal care given by a home health aide like bathing dressing and using the bathroom when this is the only care needed. The injured worker complained of having difficulty doing her activities of daily living on her clinical visit with her pain doctor dated 01/22/2014 as per documentation received. Guidelines indicate that this service does not include home health like services such as bathing or using the bathroom. In addition there is no clinical rationale or supporting documentation on provider visit dated 03/17/2014 for the request for home health services. As such the request for Home health services 5 days per week, 12 hours a day is not medically necessary and appropriate.