

Case Number:	CM14-0062768		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2004
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 Interventional Spine, 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 54-year-old female with a date of injury of 11/08/2004. The listed diagnoses per the provider are: chronic pain on right shoulder, status post surgery, 2006, chronic tension headaches, preexisting controlled ulcerative colitis, depression with anxiety, and insomnia. According to progress report 12/06/2013 by the provider, the patient presents with neck, back, upper extremities, and lower extremity pain. The patient sustained an injury back in 2004 in which she "strained her left big toe." The treating physician states the patient receives home care services currently "for unclear reasons." She is tolerating his medications well, however, with some difficulty with anxiety, depression and sleep issues. Physical examination revealed slight tenderness in his lower abdomen. Under treatment plan, it states, "Authorization requested for in-home services on an industrial basis, 5 hours/day, 7 days/week." A utilization review denied the request on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN HOME HEALTH SERVICES ON AN INDUSTRIAL BASIS, FIVE (5) HOURS A DAY SEVEN (7) DAYS PER WEEK: Upheld

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

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

Decision rationale: This patient presents with tenderness in the lower abdomen. He also has pain in his neck and back. The treating physician requests "authorization requested for in-home services on industrial basis, five hours a day, seven days a week." The MTUS has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound 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." Examination showed "tenderness in his lower abdomen." The patient was injured back in 2004 when she "strained her left big toe." In this case, physical examination of the patient does not reveal any significant functional deficits that would require a home care. Therefore, the recommendation is for denial.