

Case Number:	CM14-0072917		
Date Assigned:	07/16/2014	Date of Injury:	07/07/2005
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 07/07/2005 due to an unspecified mechanism of injury. The injured worker had a history of chronic back pain. The injured worker had diagnoses of chronic pain to the back, left knee, right wrist and neck, and chronic headaches. Prior surgical procedures included right shoulder surgery with a subacromial decompression times 3. The prior treatments included chiropractic treatment, psychotherapy times 2, physical therapy, medication, a body molding pillow, thermo cloud supreme mattress, additional home care, massage chair, Inada Sogno full body stretch neck and shoulder massage unit, an H2X cross trainer, and a therapy swim spa. The objective findings dated 09/12/2013 revealed decreased range of motion secondary to pain, inflammation, and spasms of the cervical muscles and orthopedic tests, and loss of upper extremity muscle pain. The treatment plan was for psychotherapy 1 time a week to maintain pain management, the Inada Sogno massage chair, and day home care 7 days a week for 4 hours, and home gym. The Request for Authorization dated 07/16/2014 was submitted with the documentation. The rationale for the home care was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 4 hours a day, 7 days a 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 Page(s): 51.

Decision rationale: The request for Home Care 4 hours a day, 7 days a week is not medically necessary. The California MTUS recommends home health 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. The clinical notes indicated that the injured worker has "flare ups". The frequency of the flares was not documented. The clinical notes were not evident that the injured worker was homebound. As such, the request for Home Care 4 hours a day, 7 days a week is not medically necessary.