

Case Number:	CM14-0096412		
Date Assigned:	09/22/2014	Date of Injury:	04/14/2010
Decision Date:	11/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 55 year old woman with a date of injury on 4/14/2010 who has neck pain, upper back and low back pain. She takes Norco, Cymbalta, Lyrica, and Lunesta for her musculoskeletal discomfort. Exam is significant for restriction in range of motion of the cervical spine, essentially normal thoracic spine and bilateral elbow, knee, hip, wrist and shoulder range of motion. Her diagnoses include fibromyalgia, lumbar sprain, cervical sprain, knee replacement, mood disorder, severe major depression, adjustment disorder, post-traumatic stress disorder, chronic fatigue, musculotendinoligamentous sprain, left rotator cuff tendinitis, chronic pain and disability, tarsal tunnel syndrome, non-steroidal anti-inflammatory drug induced gastritis and shoulder bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 4 hours per day for 7 days a week for neck, lumbar spine, and right knee:
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: Per Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for workers 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). Per documentation, this worker does not exhibit difficulties with activities of daily activities, require medical treatments at home or have functional deficits that require professional health care services. There is no documentation of activity limitations or an explanation of what specific home health services are required. Therefore, Home health 4 hours per day for 7 days a week for neck, lumbar spine, and right knee is not medically necessary and appropriate.