

Case Number:	CM14-0154928		
Date Assigned:	09/25/2014	Date of Injury:	06/30/2000
Decision Date:	01/21/2015	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

Injured worker is a female with date of injury 6/30/2000. Per secondary treating physician's progress report dated 7/24/2014, the injured worker continues complaining of progressive severe limited range of motion to the neck and arms associated with severe muscle spasms. She also continues to experience frequent moderate to severe headaches with blurry vision having to take medications to be relieved. The tingling and numbness in the cervical region as well as weakness to bilateral arms is progressing while carrying objects, writing and/or grasping. On examination there is weakness in both arms with sensory and motor deficits to C3 through C5 and are progressive and severe as patient complains of having a weak grip, noticed while writing or holding objects in hands. Frequent headaches with blurred vision are severe in nature and hard to get rid of without the aid of medication. Diagnosis is cervical musculoligamentous injury. Per agreed medical evaluator report dated 8/23/2012, the injured worker would benefit from domestic services, 5 days per week, and 3 hours a day. She has a significantly pathological cervical spine which would be aggravated by housework activities. In order to possibly avoid surgery, the domestic services would be of benefit. Her activities of daily living are reportedly limited with moderate to severe difficulty of carrying more than 10 pounds. She is unable to lift or carry more than 20 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 3-4 days a week for 4 hours a day: 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: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for homemaker services and not for medical treatment. The medical reports indicate that the injured worker would benefit from domestic services as she has some functional limitations with her upper extremities and cervical spine. She is not reported to be homebound, or to be in need of medical treatments at home. The services to be provided are domestic services that do not include medical treatments. The request for Home Health Aide 3-4 days a week for 4 hours a day is determined to not be medically necessary.

Transportation to all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Knee & Leg, Transportation (to & from appointments)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Transportation (To & From Appointments)

Decision rationale: The MTUS Guidelines do not address transportation to medical appointments. ODG chapters for pain and neck do not address transportation to medical appointments. The ODG Knee Chapter recommends transportation to and from medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The requesting physician does not explain why the injured worker is unable to provide transportation, either alone or by personal support system. There is no indication that she has not been able to arrive at appointments. The request for transportation to all medical appointments is determined to not be medically necessary.