

Case Number:	CM14-0169425		
Date Assigned:	10/17/2014	Date of Injury:	08/01/2008
Decision Date:	12/15/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female who sustained an industrial injury on 08-01-2008. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral shoulder bursitis with impingement, bilateral knee degenerative joint disease, sacroiliac and hip degenerative joint disease, cervical strain and left cubital tunnel syndrome. According to the treating physician's progress report on 06-03-2014, the injured worker is evaluated for ongoing, multi-body area pain rated at 4-9 out of 10 on the pain scale. Examination noted tenderness to palpation about the cervical spine, midline and paraspinal area with limited range of motion. Examination of the bilateral shoulders noted mild tenderness over the acromioclavicular joint with direct palpation and cross arm testing. There were negative apprehension, O'Brien's, Speed's and drop arm tests. Shoulder flexion was 160 degrees on the left and 170 degrees on the right, abduction was 150 on the left and 160 degrees on the right, external and internal rotation 80 degrees each on the left and external rotation at 70 degrees on the right and internal rotation at 80 on the right, extension and adduction was 50 degrees each bilaterally. There was positive subacromial bursitis and positive impingement bilaterally. Strength bilaterally was 5- out of 5 to resistance in all directions. Bilateral sensation was intact to light touch of the cervical spine dermatomes. Left elbow examination noted mild to moderate tenderness over the lateral epicondyle and pain with resisted long finger and wrist extension. A positive Tinel's over the cubital tunnel with pain into the forearm but not the hand or wrist was noted. Pronation was 140 degrees and supination was 80 degrees. Left wrist and hand demonstrated positive Phalen's, negative Tinel's, negative Finklestein's, negative carpometacarpal grind and negative carpal compression test with 5 out of 5 grip strength

and positive pulses. Extension and flexion were noted at 60 degrees, radial deviation at 20 degrees and ulnar deviation at 30 degrees. The bilateral hips had mild tenderness over the trochanteric bursa with positive Faber and Gaenslen's tests bilaterally. There was no instability of the hips. There was tenderness over the bilateral sacroiliac (SI) joints, right side greater than left with positive compression and distraction tests, right side greater than left side. Examination of the bilateral knees demonstrated painful patellofemoral crepitus with motion but no instability. Mild tenderness over the medial and lateral joint line was present with negative testing bilaterally. Range of motion was 0-120 bilaterally with slight decrease in quadriceps strength at 5- out of 5 and normal hamstring strength. The left ankle had full range of motion with mild tenderness to palpation. Prior treatments have included diagnostic testing, aquatic therapy, weight reduction program and medications. There was no discussion of previous physiotherapy or home exercise program in place. Current medications were listed as Norco, Celebrex, Cymbalta and Gabapentin. Treatment plan consists of continuing medication regimen, cervical nerve block, upper extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies, continuing with weight watchers program, gym membership and the current request for 6-week home health care visits (4 hours a day). On 09-14-2014 the Utilization Review determined the request for 6 week home health care visits (4 hours a day) was not medically necessary since the injured worker is not homebound.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Week Home Health Care Visits (4 hours a Day): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: No, the request for 6 weeks of home health care visits was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Here, however, there was no mention of the applicants being homebound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that homemaker services such as cooking, cleaning, shopping, laundry, and the like do not represent medical treatment. Here, it was not clearly stated what services were sought. While it is acknowledged that the August 12, 2014 office visit in which the article in question was sought was not seemingly incorporated in to the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.