

Case Number:	CM14-0173061		
Date Assigned:	10/23/2014	Date of Injury:	04/05/2012
Decision Date:	01/15/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

This 35 year old female was a veterinary technician when she sustained an injury on April 5, 2012. The injured worker slipped on a slippery surface and fell injuring her right shoulder. On August 16, 2012, a MRI revealed a trace of subdeltoid bursitis. On October 24, 2012, a repeat MRI revealed did note significant trauma. On November 30, 2012, the injured worker underwent an arthroscopic subacromial decompression, debridement of the glenohumeral joint, and an open biceps tenodesis. The injured worker reported of postoperatively developing complex regional pain syndrome of the right arm, that the progressed quickly to the entire body. Diagnoses included adhesive capsulitis of the shoulders status post superior labrum tear with biceps tendinosis, and diffuse complex regional pain syndrome. Other prior treatments included stellate ganglion blocks with trigger point injections, electric wheel chair, medications, and physical therapy. On September 9, 2014, the primary treating physician noted the injured worker was unable to clean her house, prepare her meals, grocery shop, and take care of her yard. These activities involved cutting and lifting food, reaching and putting food in a cart, and repetitive bending which increased her pain. The physical exam revealed hypertonicity of the bilateral cervical dorsal, bilateral cervical, bilateral mid thoracic, bilateral sacroiliac, bilateral lumbar, bilateral buttock, bilateral posterior leg, right lower thoracic, bilateral posterior shoulders, and bilateral posterior arm muscles. Diagnoses included complex regional pain syndrome and pain of the shoulder, hip, and thigh. The physician recommended for home care once or twice a week to help with daily tasks such as cleaning, cooking, and light yard work. The injured worker off work status was extended. Current medications were not included in the provided medical records. On October 24, the primary treating physician noted continuous, sharp/dull, burning, shooting, tightness, and throbbing pain in the bottom of bilateral feet, back of bilateral hands, and upper chest. Her pain was rated 7-8/10. She reported bilateral hand cramping at night. She

was unable to do much around the house without an increase of her signs and symptoms to acute levels. The physical exam was unchanged from the previous visit. The treatment plan was for follow up in 45 days. On October 3, 2014 Utilization Review non-certified a request for home care for personal needs 2xWK (twice a week) x6 months. The home care was non-certified based on the injured worker needed help with cleaning, cooking, and light yard work. The injured worker had difficulty with household activities that caused a flare of symptoms. The applicable guidelines do not support the use of home care for the needs of household activities. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain guidelines for home health services was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care for personal needs 2 times a week times 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 732.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home care for personal needs 2 times a week times 6 months is not medically necessary and appropriate.