

Case Number:	CM14-0183130		
Date Assigned:	11/10/2014	Date of Injury:	03/09/1999
Decision Date:	01/05/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 is a 68 year old female with a work injury dated 03/09/1999. The mechanism of injury and injured body parts are not specifically documented. Office visits are as follows: - 05/12/2014 and 08/02/2014 - The injured worker (IW) complained of total body pain, chronic fatigue and problem sleeping. She was to continue medications and exercise program. - 09/11/2014 - The injured worker (IW) was seen for re-evaluation complaining of neck pain and stiffness radiating down her upper extremities. She indicated that the pain was constant and severe. Physical exam revealed tenderness in the posterior cervical and bilateral trapezial musculature. Forward flexion is to within 2 finger-breadths of chin to chest, extension to 10 degrees, and lateral rotation to 70 degrees bilaterally. Strength in the upper extremities is globally intact. The IW ambulated with the aid of a rolling walker. She was also under the care of a rheumatologist at this time. The provider documents the IW had difficulty performing activities of daily living independently as well as housekeeping duties due to the industrial injury to her cervical spine and upper extremities. Diagnoses included the following - Fibromyalgia syndrome - Status post bilateral carpal tunnel releases - Cervical spondylosis. On 09/18/2014 the provider requested authorization for " home healthcare assistance 8 hours per day, 7 days per week to aid with assistance in performing activities of daily and housekeeping duties such as bathing, cooking, cleaning, dressing and grocery shopping." On 10/09/2014 utilization review deemed the request for a home health assistant for 8 hours per day times 7 days not medically necessary. The reviewer notes referenced guidelines support home health services for patients who are home-bound, on a part-time or "intermittent" basis. "In this case the AP has requested a home health assistant to help with activities of daily living and household chores which is not considered medical treatment. Therefore, a home health assistant for 8 hours/day times 7 days is not

medically necessary." Cited guidelines are not available for review. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistant 8 hours per day x 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are home-bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case included activities of daily living in addition to housekeeping duties such as bathing, cooking, cleaning, dressing and grocery shopping. These services are not covered. The request is not medically necessary.