

Case Number:	CM14-0194530		
Date Assigned:	12/02/2014	Date of Injury:	02/14/2008
Decision Date:	01/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

60y/o male injured worker with date of injury 2/14/08 with related shoulder and neck pain. Per progress report dated 10/8/14, the injured worker complained of pain in the shoulder and neck with radiation to the upper extremities. Per physical exam of the neck and upper extremities, there was decreased range of motion, pain with motion, positive Spurling's and tenderness. Exam of the shoulders revealed tenderness, positive impingement testing, decreased strength, and decreased range of motion. Treatment to date has included physical therapy, acupuncture, pool therapy, and medication management. The date of UR decision was 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care five times a week for three to four hrs per day: 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 Home Health Services Page(s): 51.

Decision rationale: Per California (MTUS) Chronic Pain Medical Treatment Guidelines with regard to home health services: Recommended only for otherwise recommended medical treatment for 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 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). The documentation submitted for review did not indicate that the injured worker was home bound. It was noted that the injured worker has his wife's assistance at home in the evening. It was indicated that the treatment plan was for home assistance for HEP and personal hygiene, shopping, cooking and laundry. As these are not medical treatment, the request is not medically necessary.