

Case Number:	CM14-0197395		
Date Assigned:	12/05/2014	Date of Injury:	06/22/2007
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 49-year-old female with an injury date of 06/22/2007. The 10/08/2014 report indicates that the patient has sharp pain to the lower back, legs, neck, and bilateral shoulder. She presented herself as being sleepy and lethargic. The patient had depression with suicidal ideation, auditory hallucinations, and was being tearful. Her pain radiates down the left shoulder and arm to the hand with distal numbness. Moderate paracervical muscle spasm, moderate parathoracic myospasm, and moderate paralumbar myospasm are all noted. The patient ambulates with a cane. The patient's diagnoses include the following: 1. Cervical disk disease with myelopathy. 2. Intervertebral lumbar disk disorder with myelopathy, lumbar region. 3. Depression. 4. Bilateral hand pain. 5. Leg numbness. 6. Knee meniscus pain. 7. Rotator cuff disorder. 8. Neuritis. 9. Cephalgia. Lumbar spine instability. The utilization review determination being challenged is dated 10/28/2014. There is one treatment report provided from 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, 4 hours a day, 5 days a week: Upheld

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

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

Decision rationale: According to the 10/08/2014 progress report, the patient presents with having low back pain, neck pain, and bilateral shoulder pain. The request is For Home Health Care, 4 Hours a Day, 5 Days a Week. MTUS guidelines page 51 has the following regarding home services, "recommended only for otherwise recommended medical treatment for patients who are homebound, 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."The 10/08/2014 report states that the patient "feels she cannot take care of herself adequately at home when her husband is away at work and is interested in some home healthcare assistants. She points out a burn to her left forearm that did not feel due to numbness." Other than this, there is no documentation of paralysis, significant neurologic deficits with functional loss that would prevent this patient from self-care and performing the necessary ADL's. MTUS does not support home-care assistance, if this is the only care that is needed. This patient does not present with any organic basis for inability to perform home duties. The request IS NOT medically necessary.