

Case Number:	CM14-0199013		
Date Assigned:	12/09/2014	Date of Injury:	04/21/2009
Decision Date:	01/29/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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 is a 56 year old female patient who sustained a work related injury from 4/21/2009 to 5/15/2004. Patient sustained the injury due to cumulative trauma. The current diagnoses include lumbosacral radiculopathy, cervical radiculopathy, shoulder impingement, wrist tendinitis, lateral epicondylitis, trigger finger, knee tendinitis, status post multiple trigger finger release surgeries, and status post two cervical surgeries. Per the doctor's note dated 10/9/14, patient has complaints of neck and low back pain, radiating into the upper and lower extremities with numbness and weakness; significant flare up of the right upper extremity pain and spasms, with significant pain in the right elbow radiating upward into the shoulder and down into the wrist; bilateral wrist pain with numbness, weakness, and tingling. Physical examination of the revealed spasm, tenderness and guarding on the paravertebral musculature of the cervical and lumbar spine with decreased range of motion (ROM) on flexion and extension, decreased sensation over the C6 and L5 dermatomes bilaterally with pain, Positive Phalen's and reverse Phalen signs bilaterally with decreased grip strength, bilateral weakness with elevation of both arms against gravity. Per the doctor's note dated 10/23/14 patient had complaints of pain localized to one or more joints, stiffness, and sensory disturbances. Physical examination revealed spasm and tenderness in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion, positive impingement and Hawkins signs in the right shoulder with significantly reduced range of motion on abduction of less than 80 degrees and forward flexion of 100 degrees, deltoid strength graded 4/5, reduced passive and active range of motion, tenderness over the right lateral epicondyle, positive Phalen and reverse Phalen signs bilaterally with decreased grip strength, well-healed incisions previous surgical interventions. The current medication lists include Cymbalta, Actigall, Calcium, Lipitor, Multi-Vitamin, Patanol, Qvar, Vitamin B-12 and Singulair. The previous medication list include Norflex, Ibuprofen, Zolofit and Omeprazole. The

patient has had right shoulder MRI on 8/1/14 that revealed tendinosis of infraspinatus and subscapularis tendon and of the intraarticular biceps tendon; MRI of the lumbar spine and both knee; MRI of the cervical spine on 6/3/2009 that revealed disc protrusion with stenosis and foraminal narrowing and EMG study that revealed bilateral CTSThe patient's surgical history include multiple trigger finger release surgeries, and status post two cervical surgeries - cervical fusion x 2, 2009, 2013; breast reduction, complication of internal hemorrhaging in 2005; bariatric sleeve in June 10, 2014; right knee arthroscopy surgery in February in 2010The patient has received an unspecified number of PT, chiropractic, aquatic and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 weeks post-op home health care 4 hours daily, 5 days weekly: 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 Home health services Page(s): 51.

Decision rationale: Per the CA MTUS guidelines cited below, regarding home health services ".....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."Any documented evidence that she is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The medical necessity of the request for 2 weeks post-op home health care 4 hours daily, 5 days weekly is not fully established in this patient.