

Case Number:	CM14-0201641		
Date Assigned:	12/11/2014	Date of Injury:	04/01/2003
Decision Date:	03/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 year-old female with date of injury 04/01/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/11/2014, lists subjective complaints as pain in the bilateral shoulders, elbows and wrists. Objective findings: Examination of the bilateral shoulders revealed tenderness to palpation of the shoulder joint and restricted range of motion in all planes. Examination of the bilateral elbows revealed tenderness to palpation over the medial epicondyles. Tinel's sign was positive. No limitation of range of motion. Motor examination was normal for the bilateral upper extremities. Light touch was decreased over the bilateral upper extremities. Diagnosis: 1. Shoulder pain, 2. Elbow pain, 3. Entrapment/neuropathy upper limb, 4. Hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Visits of 10 Hours per Week of In-Home Assistance for Household Chores:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Home Health Services.

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 medical record does not contain documentation that the patient requires medical services to be provided at the home. 10 Hours per Week of In-Home Assistance for Household Chores is not medically necessary.