

Case Number:	CM14-0213622		
Date Assigned:	12/31/2014	Date of Injury:	03/08/2010
Decision Date:	05/01/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/21/2014

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, Public Health & General Preventive 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:

The injured worker is a 59-year-old female who reported an injury on 03/08/2010 due to cumulative trauma. On 04/30/2014, the patient presented for an examination with complaints of headache and pain in the neck, shoulders, right elbow, right wrist and hand, right middle finger, mid and low back, and left knee. The patient stated that the pain in the neck is gradually worsening. The pain is aggravated when looking up and down and turning the head from side to side. Examination of the bilateral shoulders revealed about a 90% improvement in condition after receiving 2 injections. She continued with limited range of motion to the right shoulder, especially when reaching backwards. There was no numbness or tingling in the arms. Examination of the right wrist and hand and right middle finger noted 100% improvement since surgical intervention. Examination of the mid and low back revealed worsened pain. There was no diagnosis provided. The provider recommended home health care assistance 4 hours a day 3 days a week for 6 weeks. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 4 hours/day, 3 days/week for 6 weeks: Upheld

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

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

Decision rationale: The request for home care assistance 4 hours a day 3 days a week for 6 weeks is not medically necessary. The California MTUS state that home health services are recommended for medical treatment for injured workers who are homebound on a part time or intermittent basis, and generally for up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry or personal care given by the home health aides like bathing, dressing, and using the restroom when this is the only care needed. There is no evidence that the patient is homebound on a part time or intermittent basis. The provider does not give a rationale for the type of medical treatment being requested with home health care. As such, the request is not medically necessary.