

Case Number:	CM14-0081766		
Date Assigned:	07/18/2014	Date of Injury:	06/11/2012
Decision Date:	04/09/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65-year-old female, who sustained an industrial injury on 6/11/12. She has reported right foot injury. The diagnoses have included sympathetic dystrophy of the lower limb and upper limb. Treatment to date has included medications, single point cane, lumbar block, Home Exercise Program (HEP), moist heat and psychiatry . Currently, the injured worker complains of continued pain in the right upper and lower extremities rated 9/10 with medications and 10/10 without medications. The medications allow her to function and tolerate activities of daily living (ADL's) and Home Exercise Program (HEP). The current medications included Fentanyl patches, Norco, Klonopin and Cymbalta. Physical exam revealed the gait was weak with use of a single point cane, posture was abnormal and decompensated, and strength was decreased in the right upper and right lower extremities and limited by pain. There was hyperalgesia and allodynia noted with erythema in the right upper and lower extremity. Request was for In-Home health aide 4 hours a day times 4 days a week for cleaning, cooking and shopping. On 5/20/14 Utilization Review non-certified a request for In-Home health aide 4 hours a day times 4 days a week (no duration noted), noting the (MTUS) Medical Treatment Utilization Schedule chronic pain page 51 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Home health aid 4 hours a day times 4 days a week (no duration noted): Upheld

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

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

Decision rationale: In-Home health aid 4 hours a day times 4 days a week (no duration noted) is not medically necessary per the MTUS Guidelines. The MTUS states that home health services are 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 request for in home health services with no limited duration does not meet the MTUS guidelines and is not medically necessary.