

Case Number:	CM15-0002301		
Date Assigned:	01/13/2015	Date of Injury:	09/04/2001
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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: Physical Medicine & Rehabilitation

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 53-year-old female who reported injury on 09/04/2001. The mechanism of injury was not provided. The documentation of 12/16/2014 revealed the injured worker was experiencing difficulty swallowing and her upper and lower GI tract symptoms remained significant. The injured worker was having trouble sleeping, leading to excessive daytime sleepiness. The diagnosis included chronic pain state especially relative to the right shoulder, upper extremity, and neck; fibromyalgia with chronic fatigue; chronic headaches, mixed type; anxiety/depression/insomnia; GERD/dyspepsia/IBS; asthma; rhinosinusitis; post surgery 01/25/2005; osteopenia; dental decay; trauma; TMJ dysfunction; and dysphagia. The medications included Dilaudid 4 mg 1 tablet every 4 to 6 hours prn severe pain, famotidine 40 mg #30, magnesium oxide, calcium citrate, promethazine suppository prn nausea, albuterol, carisoprodol, diazepam, cortisporine, Zyrtec 10 mg, Valium and Soma. The treatment plan included home health care 8 hours per day 5 days per week, a psychological consultation, and an updated gastroenterologic consultation. There was a Request for Authorization form submitted for review dated 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care for 8 hours a day, 5 days a week for the shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chronic Pain, Table 2 Summary of Recommendations, Chronic Pain Disorders

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

Decision rationale: The California Medical Treatment & Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or “intermittent” medical treatment of up to 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 clinical documentation submitted for review failed to indicate the injured worker was home bound and was in need of medical treatment. The specific rationale was not provided for review. The duration of care was not provided, per the submitted request or physician documentation. Additionally, there was a lack of documented clarity indicating the injured worker had a condition for the bilateral shoulders that supported the need for home health care. Given the above, the request for home health care for 8 hours a day, 5 days a week for the shoulders is not medically necessary.