

Case Number:	CM15-0003058		
Date Assigned:	01/13/2015	Date of Injury:	10/24/1997
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
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 54-year-old female who reported an injury on 10/24/1997. The mechanism of injury involved repetitive activity. The current diagnoses include fibromyalgia and lumbar facet arthropathy. The injured worker presented on 12/02/2014 with complaints of neck, back and bilateral hand pain. The injured worker was utilizing Flexeril 7.5 mg and Effexor 37.5/75 mg. It was noted that the injured worker as pending authorization for yoga therapy 3 times per week for 12 weeks. The injured worker has been previously treated with 2 trigger point injections and 1 epidural injection. Upon examination of the cervical spine, there was tenderness to palpation in the bilateral paraspinals, upper trapezius and periscapular region. There was decreased extension and 5/5 motor strength in the bilateral upper extremities. Upon examination of the lumbar spine, there was tenderness to palpation of the bilateral lumbar paraspinal muscles, positive facet challenge at the bilateral L4-S1 region. Intact sensation and 5/5 motor strength. Recommendations at that time included continuation of the current medication regimen. A request for home health care 4 hours per day, 2 days a week to assist in home care and household necessities was also submitted. A Request for Authorization form was submitted on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4 Hours a Day, 2 Days per Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis, generally up to no more than 35 hours per week. There is no indication that this injured worker is currently home bound and unable to perform activities of daily living. Additionally, the California MTUS Guidelines state medical treatment does not include home maker services and personal care. Therefore, the current request is not medically appropriate.