

Case Number:	CM15-0006956		
Date Assigned:	01/22/2015	Date of Injury:	08/16/2011
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 33 year old female injured worker suffered an industrial injury on 8/16/2011. The diagnoses were complex regional pain syndrome of the right upper extremity and bilateral feet, depression and sleep disorder. The treatments were medications and nerve blocks. The treating provider reported the injured worker stated she has symptoms in the lower extremities with swelling in her feet, sweating on the lower extremities the right hand is pale and pronounced hyperhidrosis along with pain. A progress note on 12/29/14 indicated the claimant has a diagnosis of CRPS. She receives help from her partner for groceries, cleaning, shopping, etc. The physician requested home health to assist with these chores. The Utilization Review Determination on 12/31/2014 non-certified home care 14 hours per week for 3 months citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 14 hours per week for 3 months: Upheld

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

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

Decision rationale: 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. Since the request was to perform services not covered in the guidelines, the request for home health is not medically necessary.