

Case Number:	CM15-0008095		
Date Assigned:	01/26/2015	Date of Injury:	07/07/1997
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
 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 48 year old male who sustained a work related injury July 7, 1997. While inspecting a house for termites, he was exposed to live wire and received an electrical shock rendering him unconsciousness. He was initially diagnosed with a left shoulder and left upper extremity strain and electric shock and was treated with Robaxin and Motrin, ice and physical therapy. According to a neurological surgeon's re-evaluation dated December 9, 2014, the injured worker presented with a persistent pain in the neck that has been associated with neck stiffness. The pain radiates to the shoulder blades and increases with any internal external rotation of the shoulder joints. There have also been events of muscle spasm of the neck radiating into both arms causing weakness and numbness in both hands. Impression is documented as electrical injury of the upper extremities causing injury to the brachial plexus and probably the brain; left ulnar neuropathy; and tendinitis of the shoulder joints bilaterally. Treatment includes continuing medication as ordered and a home health assistant to aid in home activities and upkeep. Work status is considered permanently disabled. According to utilization review dated December 17, 2014, the request for Home Health Assistance, (4) hours a day (3) days a week is non-certified, citing Official Disability Guidelines (ODG): Home Health Assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance, 4 hours a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Assistance

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

Decision rationale: The patient presents with neck pain and stiffness, shoulder pain and definitive cognitive deficit. The current request is for home health assistance 4 hours a day. The treating physician states that the patient has been having significant difficulty in performing his activities of daily living at home such as cleaning his house, doing laundry and paying bills. The MTUS guidelines state, "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." In this case, the treating physician has not specified what the patient needs assistance with at home that would require home health services. The treating physician only says he needs help with his "physical activities at home." Due to lack of a request of specific medical services and assistance to be performed by home health services the current request is not medically necessary and the recommendation is for denial.