

Case Number:	CM15-0016366		
Date Assigned:	02/04/2015	Date of Injury:	03/08/2010
Decision Date:	04/08/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 60 year old female, who sustained an industrial injury on 3/8/10. She has reported cervical spine pain and right wrist pain with cumulative trauma injury. The diagnoses have included cervical disc disease, cervical radiculopathy, cervical facet syndrome, and status post right shoulder arthroscopy and status post carpal tunnel release. Treatment to date has included medications, diagnostics, surgery and chiropractic. Currently, the injured worker complains of pain in the cervical spine rated 5/10 with associated numbness and rated 8/10 if she walks, stands or performs anything more than two hours. She described a needle like sensation that radiated to the mid back and bilateral upper extremities. She complains of pain in the right wrist rated 6-7/10 and she applied ice packs. The medications included Acetaminophen and cyclobenzaprine. The Magnetic Resonance Imaging (MRI) of the thoracic spine dated 5/16/14 revealed disc protrusion which was stretching the exiting left T8 nerve and degenerative disc level changes. The nerve conduction studies of the bilateral extremities dated 7/29/14 revealed suggestion of early diabetic peripheral neuropathy. Physical exam of the cervical spine revealed tenderness and spasm to palpation, positive axial head compression on the right, positive Spurling's sign on the right and facet tenderness. There was decreased range of motion of the cervical spine. There was chiropractic sessions noted. As cited by the utilization review, the physician noted that the injured worker was having difficulties performing activities around the house in a one handed manner. On 1/13/15 Utilization Review non-certified a request for Home care assistance 4 hours a day, 3 days a week for 6 weeks, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Home Health Services guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 4 hours a day, 3 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: Home care assistance 4 hours a day, 3 days a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment 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 documentation does not indicate clear evidence of the patient being homebound. The request is therefore, not medically necessary.