

Case Number:	CM15-0130146		
Date Assigned:	07/16/2015	Date of Injury:	06/18/1998
Decision Date:	08/12/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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:

This injured worker is a 62-year-old female who reported an industrial injury on 6/18/1998. Her diagnoses, and or impression, were noted to include: chronic bilateral knee pain, status-post surgery in 2012; chronic neck pain, status-post surgery in 2003, with post-operative changes; chronic bilateral shoulder osteoarthritis, labrum degeneration, fraying, tendinosis and pain, left > right; bilateral upper extremity, low back and left lower extremity pain; and orthostatic dizziness. No current imaging studies were noted. Her treatments were noted to include the use a wheelchair; medication management; and rest from work. The progress notes of 5/21/2015 reported further evaluation for multiple injuries which included the left upper extremity, neck, right hand, wrist and shoulders; as well as injuries sustained from several other industrial injury dates of 7/1995, 6/1998, 3/2000, and 12/2004, for which have resulted in decreased range-of-motion and grip strength, as well as the use of a rollator walker for her mobility; and difficulty getting around her house and transferring into/out of the rollator walker. Objective findings were noted to include the use of a rollator wheelchair; decreased grip strength in the right hand; decreased range-of-motion the right shoulder; and that a home health evaluation of her home was performed but that no home health care was recommended. The physician's requests for treatments were noted to include 10 hours of home health care for the reported purpose of her helping her keep her multiple medications straight, and to help her transfer in/out of her wheelchair during the week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 2 hours a day 5 days a week for 10 hours per week: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Home health services.

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

Decision rationale: The California MTUS section on home health states: 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. (CMS, 2004) The requested type of services and amount meet guideline recommendation as outlined above and the request is medically necessary.