

Case Number:	CM15-0137297		
Date Assigned:	07/27/2015	Date of Injury:	01/22/1996
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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 is a 72 year old female with a January 22, 1996 date of injury. A progress note dated June 3, 2015 documents subjective complaints (aching pain in the neck, bilateral shoulders and bilateral arms; left shoulder pain rated at a level of 9-10/10; aching pain in the low back and bilateral legs rated at a level of 8/10; aching bilateral foot pain rated at a level of 8/10), objective findings (left shoulder tenderness as should be expected postoperatively; biceps tendon is tender; acromioclavicular joint pain is present; positive impingement signs; Neer, Hawkins, and O'Brien signs are positive; exquisite tenderness about the A1 pulley of the right thumb; obvious triggering; range of motion is full with triggering of the thumb; decreased strength of the right hand), and current diagnoses (left shoulder pain following arthroscopic rotator cuff repair on May 14, 2015; right wrist pain following carpal tunnel release; left wrist pain following carpal tunnel release; left ring triggering, improved; bilateral trigger thumb, symptomatic on the right; right knee medial meniscus tear, compensatory; left foot pain following plantar fascial release; right foot pain following plantar fascial release; psychiatric difficulties, compensatory).

Treatments to date have included left shoulder surgery, bilateral carpal tunnel release; bilateral plantar fascial release, medications, and imaging studies. The medical record indicates that the injured worker requires assistance at home as her husband is disabled and is unable to help her. The treating physician documented a plan of care that included home help seven days each week for four hours each day for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Help 7 days a week 4 hours per day for 4 weeks: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services 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. 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) Home health services are recommended for patients who are home bound. The provided documentation for review meets criteria and the request is not medically necessary.