

Case Number:	CM15-0140640		
Date Assigned:	07/30/2015	Date of Injury:	12/02/1992
Decision Date:	08/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 67 year old female who sustained an industrial injury on 12.2.92. The mechanism of injury was unclear. She currently has persistent neck, left shoulder, left elbow and facial pain. She had significant limitations with most of her activities (per 4.27.15 note). On physical exam there was tenderness to palpation of the cervical spine with spasms, decreased range of motion, decreased sensation. Medications were Tylenol, Icy Hot. Diagnoses include multiple surgeries including left shoulder and wrist; chronic neck, left shoulder and left elbow pain; cervical radiculopathy. Treatments to date include spinal cord stimulator (1992) to control pain; medications. In the progress note dated 4.27.15 the treating provider's plan of care includes a request for home health assistance at two hours per day, 7 days per week. She has had previous home assistance which was recently stopped (per 4.27.15 note). She specifically requests help with sweeping, mopping and cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance, 2 hours daily 7 days per wk (unknown duration): 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 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 does not show the patient to be home bound and the requested services are not supported by the California MTUS. Thus the request is not certified and therefore is not medically necessary.