

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0141388 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 07/14/1994 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/18/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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: Texas, California

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 63-year-old female, who sustained an industrial injury on 7-14-94. The injured worker has complaints of neck and right shoulder pain and low back pain, which radiates down her bilateral legs. The documentation noted that there is tenderness at the right cervical paraspinals and trapezius and right anterior shoulder. The diagnoses have included status post lumbar laminotomy and fusion at L4-5 with cage and posterior instrumentation; strain and sprain of the cervical spine, superimposed upon multiple bulging discs and status post right shoulder arthroscopy and subacromial decompression. Treatment to date has included home care; bone graft to prevent further bone loss; status post lumbar laminotomy and fusion at L4-5 with cage and posterior instrumentation on 3-20-10; right carpal tunnel release on 2-27-12 and left carpal tunnel release on 12-23-03. The patient's surgical history includes right shoulder and left knee surgery. The request was for Home Health Care, 24 hours a day, seven days a week, for July, August and September (months). The medication list includes Antidepressant and anxiolytic medication. Per the note dated 6/2/15, the patient has cellulitis and is under treatment with antibiotics. Physical examination revealed 2+ edema in bilateral feet. Patient is at high risk for injury secondary to physical limitations and ADL. The patient has had history of chronic pain, fractures, HTN, DM, gait abnormalities, muscle weakness and falls. She was certified for right shoulder injection and PT visits on 7/6/15. She had not started PT visits until 7/15/15. Per the note dated 7/2/15, the patient had complaints of low back pain with radiation in lower extremity at 8-9/10. Physical examination revealed decreased grip strength, tenderness on palpation over shoulder and upper back, limited range of motion of bilateral shoulder and low back, positive Phalen and Tinel sign and SLR, right knee tenderness on palpation and effusion and antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care, 24 hours a day, seven days a week, for July, August and September (months): Upheld

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

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

Decision rationale: Request: Home Health Care, 24 hours a day, seven days a week, for July, August and September (months). Per the CA MTUS, guidelines cited below, regarding home health services "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." She was certified for right shoulder injection and PT visits on 7/6/15. She had not started PT visits until 7/15/15. Documented evidence that she was totally homebound or bedridden, for an extended period of time, is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Home Health Care, 24 hours a day, seven days a week, for July, August and September (months) is not medically necessary in this patient.