MAXIMUS Federal Services

Case Number:	CM15-0143127		
Date Assigned:	08/04/2015	Date of Injury:	05/21/1999
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, 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 67 year old female who sustained an industrial injury on 05-29-1999. Mechanism of injury was a slip and fall. Diagnoses include cervical spinal stenosis with bilateral upper extremity radiculopathy and associated cervicogenic headaches, cervicogenic headaches which become migrainous on occasion, lumbar myoligamentous injury, right shoulder internal derangement-status post acromioplasty and coracoacromial ligament resection on 01-13-2000, reactionary depression and anxiety, medications induced gastritis. She has comorbidities of chronic lung disease-oxygen dependent, and sleep apnea. Treatment to date has included diagnostic studies and medications. Her medications include MS Contin, Norco, Neurontin, Imitrex, Fexmid, Prilosec, Wellbutrin XL, Prozac, Prednisone, Theophylline, Advair, O2, Atenolol, and Doral. A physician progress note dated 05-13-2015 documents the injured worker underwent an intrathecal pump trial on 03-19-2015, and she reported 70% decrease in pain for 3-4 days. She continues to complain of neck pain which radiates down to both upper extremities right greater than left. The pain also radiates down to the thoracic and even the lumbar spine, making it difficult for her to ambulate and be functional. Due to her ongoing and debilitating pain in her neck, right shoulder and lower back this causes a significant functional limitation. She requires assistance with meal preparation, and cleaning. She has difficulty powering her wheelchair because of her ongoing pain as well as disability in both shoulders and upper extremities. She lives in a town home and is unable to access the second floor, as she is too weak to negotiate a flight of stairs. She has pretty much isolated herself from family; since she is unable to attend family gatherings as well as she missed several medical appointments since she

is unable to drive. She can walk short distances in her home using a 4 wheeled walker. She continues to need nasal oxygen. She is a high fall risk due to her ongoing pain with poor balance and endurance. She has tenderness to her cervical musculature with increased muscle rigidity, and decreased and pain range of motion. She has significant limitation in all planes of range of motion over her shoulders. Her upper extremities are very weak globally, as well as her grip strength. Her both shoulders are very painful and she has great difficulty powering her own wheelchair. Sensation is decreased along the right upper extremity and lateral forearm I comparison to her left. She has tenderness in the lumbar spine paraspinal muscles and restricted and painful range of motion. She has decreased sensation along the lateral aspect of her calves bilaterally. Treatment requested is for post-op home health aide 12 hours post intrathecal pump implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home health aide 12 hours post intrathecal pump implant: 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: According to the MTUS guidelines 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. In this case, the request was for activities of daily living. The guidelines do not support the use of home health for these purposes. As a result, the request is not medically necessary.