

Case Number:	CM15-0148420		
Date Assigned:	08/11/2015	Date of Injury:	03/17/2003
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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 64 year old female, who sustained an industrial injury on 3-17-2003. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical post-laminectomy syndrome, neck pain, carpal tunnel syndrome, shoulder joint pain post right shoulder arthroscopy and major depression. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 6-24-2015, the injured worker complains of chronic neck pain radiating to the bilateral upper extremities. Physical examination showed cervical and trapezial tenderness and tenderness to the carpal-metacarpal joint and decreased cervical range of motion. The treating physician is requesting In-home care, 4 hours daily for 5 days per week, Cervical-Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home care, 4 hrs daily/ 5 days per wk, Cervical/ Right Shoulder: 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 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 claimant is able to dress herself and go to doctor's appts. She is able to walk and is less sedentary. The request for home health is not justified or substantiated in light of what the claimant is capable of doing. The home care request is not medically necessary.