

Case Number:	CM15-0149445		
Date Assigned:	08/12/2015	Date of Injury:	10/15/2003
Decision Date:	09/14/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained an industrial injury on October 15, 2003. The worker was employed as a drywall hanger and unfortunately fell off of scaffolding with resulting injury. A primary treating office visit dated February 12, 2015 reported current subjective complaint of cervical spine and lumbar spine pain. He is requiring medication refills this visit. He states having major headaches. Objective assessment found a wide based gait. The cervical spine was with limited range of motion and a positive Spurling's test. The upper extremity is with decreased sensation and motor in C5 and c6 dermatomes bilaterally. Bilateral knees with evidence of discoloration. There is tenderness noted over the left greater trochanter and moderate to severe facet tenderness at L3- S1. In addition, there is back pain with seated and supine straight leg raising bilaterally. The following diagnoses were applied: headaches, cervical disc disease, cervical radiculopathy, cervical spine discopathy, status post bilateral shoulder arthroscopy; status post bilateral carpal tunnel release; status post left elbow surgery; lumbar disc disease, facet syndrome, radiculopathy, and discopathy; chronic pain. The plan of care noted refilling Percocet 10mg 325mg, continue home exercises, recommending a magnetic resonance imaging of right hip, and obtaining a urine drug screen. He underwent fluoroscopic guided medial branch block injections, bilaterally. A follow up dated June 11, 2015 reported unchanged objective and subjective data; treating diagnoses. The plan of care noted: recommending consultation regarding hip complaints; pending authorization for [REDACTED] weight loss program; home health assistance with chores, and continue with home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 3-4 times a week for 4-6 hours per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51 of 127.

Decision rationale: Regarding the request for home health aide, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health aide is not medically necessary.