

Case Number:	CM15-0149977		
Date Assigned:	08/13/2015	Date of Injury:	03/08/2010
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/03/2015

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: Maryland

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

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 59 year old female with an industrial injury dated 03-08-2010. The injured worker's diagnoses include cervical spine discopathy, thoracic sprain and strain, status post right shoulder arthroscopy, status post carpal tunnel release, right sacroiliac (SI) arthropathy and lumbar facet syndrome. Treatment consisted of diagnostic studies, prescribed medications, home exercise therapy, home care therapy, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. In a progress note dated 04-08-2015, the injured worker reported thoracic spine pain and lumbar spine pain rated a 5 to 8 out of 10. The injured worker also reported that the intermittent lumbar spine pain radiated to the bilateral legs and bilateral feet, left greater than right, with numbness and tingling to the feet and burning sensation to left thigh. Objective findings revealed decreased normal lordosis, multiple trigger points in the bilateral trapezius muscles, moderate tenderness to palpitation with spasm over the thoracic paraspinal muscles extending to right trapezius muscles and facet tenderness to palpitation over the T1-T6. Physical exam also revealed decreased cervical, right shoulder and lumbar range of motion; decreased muscle testing and reflex in the right upper extremity; and tightness and tenderness with spasm over the lumbar paravertebral musculature. The treating physician prescribed services for continued home care 4 hours per day 3 days a week for 6 weeks, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue home care 4 hours/day 3 days/week for 6 weeks: 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 services Page(s): 51.

Decision rationale: Continue home care 4 hours/day 3 days/week for 6 weeks is not medically necessary per the MTUS Guidelines. The MTUS states that 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. The documentation is not clear on what medical treatment services the patient requires from home care services therefore this request is not medically necessary.