

Case Number:	CM15-0182674		
Date Assigned:	09/23/2015	Date of Injury:	11/25/2007
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/16/2015

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: Preventive Medicine, Occupational 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:

This is a 54 year old female with a date of injury on 11-25-2007. A review of the medical records indicates that the injured worker is undergoing treatment for neurogenic bladder, depressive disorder and reflex sympathetic dystrophy of the upper limb. Medical records (6-23-2015 to 7-30-2015) indicate ongoing headaches. She reported (6-23-2015) severe and painful spasms of the pelvic floor, lower back and legs. Per the 6-23-2015 progress report, "she continues to need in home support services with help in housework, yard work, driving, etc." According to the progress report dated 7-30-2015, the injured worker complained of headaches and right shoulder pain as well as right leg and knee pain. She reported her pain as seven out of ten with medications and nine out of ten without medications. Per the treating physician (7-30-2015), the injured worker remained temporarily totally disabled. The physical exam (7-30-2015) revealed significant psychomotor retardation with minimal spontaneous speech. There was moderate left, gluteal atrophy. There was moderate allodynia to light touch of the right scapula and deltoid region. Treatment has included pool therapy, spinal cord stimulator trial and medications. Per the progress report dated 5-6-2015, the injured worker had home care assistance two times a week since September 2012. The original Utilization Review (UR) (8-24-2015) denied a request for home health assistance (4 hours a day, 2 days a week for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Health Assistance (4 hours a day, 2 days a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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, prior use of home health care has been for homemaker services and not for medical treatment. There is no evidence in the available documentation that the injured worker is homebound as she is able to ambulate with a cane and drive a car. The type of service needed in this case is not documented; therefore, the request for 1 home health assistance (4 hours a day, 2 days a week for 4 weeks) is not medically necessary.