

Case Number:	CM15-0183517		
Date Assigned:	09/24/2015	Date of Injury:	02/04/2010
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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

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 40 year old female, who sustained an industrial-work injury on 2-4-10. She reported initial complaints of neck and shoulder pain and weakness. The injured worker was diagnosed as having C5-7 level spinal cord injury, shoulder joint pain, radiculopathy due to cervical disorder, right hemiparesis, and anxiety disorder. Treatment to date has included medication, surgery (cervical), acupuncture, and exercises. Currently, the injured worker complains of left shoulder pain with tightness in the trapezius and around the shoulder girdle regions. There is a grinding sensation in posterior of her left shoulder. The right hip is also sore and feels that the right side of body has lost functionality. There is tingling in the left arm and hand into the ulnar distribution and median distribution, tingling discomfort down the biceps and burning in the left trapezius. Assistance is needed for transfers and is unable to carry her groceries. She feels anxious. Per the primary physician's progress report (PR-2) on 7-16-15, exam notes reduced motor strength in the deltoid, shoulder rotation, grip strength, wheelchair bound, DTR (deep tendon reflexes) are 3+ right and 2+ left, sensation reduced to soft touch to upper and lower extremities. Current plan of care includes home health to assist with ADL's (activities of daily living) and diagnostics. The Request for Authorization requested service to include Home Health 10 Hours/Week for 3 Months. The Utilization Review on 8-20-15 denied the request for Home Health since it is for medical care and not homemaker services, per Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health 10 Hours/Week for 3 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents on 07/16/15 with pain in the left shoulder and right hip, with tingling in the left arm and hand and right ulnar distribution, and a burning sensation in the left trapezius. The patient's date of injury is 02/04/10. The request is for home health 10 hours/week for 3 months. The RFA was not provided. Physical examination dated 07/16/15 reveals absent motor strength in the left deltoid, decreased strength on external rotation of the right shoulder, reduced strength in right hip flexion, reduced right hand grip strength, and reduced sensation to soft touch in the medial left and right forearms (left greater than right), and decreased sensation in the bilateral lower extremities. The patient is currently prescribed Multivitamin capsules, Cranberry capsules, Nasonex, and Protonix. Patient is currently disabled. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In regard to the request for a health aide to assist this patient with activities of daily living, such services are not medical in nature and not supported by guidelines. Progress note dated 07/16/15 has the following regarding this request: "... she is paying her uncle at this time, which is a large amount of her monthly income. She is unable to grocery shop and cannot carry her own groceries. She is unable to drive and is essentially wheelchair bound as she needs assistance with transfers. The patient is unable to do her own laundry... making her bed... obtain authorization from worker's compensation for home health aide 10 hours per week to assist with ADL's, appointments, and care." MTUS guidelines support home health aide for patients whose medical care requires a professionally trained assistant, though MTUS does not consider home-care for activities of daily living a medical treatment. While this patient does present with significant hardship secondary to her disability, such home-making services do not constitute medical treatment and cannot be substantiated according to MTUS guidelines. The request is not medically necessary.