

Case Number:	CM15-0184470		
Date Assigned:	09/24/2015	Date of Injury:	08/26/1998
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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: North Carolina

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 63 year old male, who sustained an industrial injury on 8-26-98. Current diagnoses or physician impression include cervical spine herniation with radiculopathy into the upper extremities, post lumbar decompression L3-S1, bilateral shoulder impingement with rotator cuff symptoms and tendinitis and bilateral feet plantar fasciitis. His work status is temporary total disability. A report dated 6-2-15 reveals the injured worker presented with complaints of cervical spine pain described as dull and achy. He reports an increase in pain with any activities and in particular, activities of daily living. He also reports the symptoms are unmanageable. He reports bilateral shoulder pain described as dull and achy and overhead reaching, pushing and pulling increase the pain. He has low back pain that migrates to the mid-back and increases with any activity. His bilateral feet pain is described as burning and hard (at times) and is increased with prolonged standing and walking. A physical examination dated 6-2-15 revealed cervical spine tenderness and decreased range of motion. There is decreased sensation noted in the right hand and right arm. The shoulders reveal bilateral tenderness to palpation. There is also "tenderness and spasm noted in the deltoid muscles". Examination of the lumbar spine reveals positive straight leg raise bilaterally and positive Kemp's test, as well as decreased range of motion. Treatment to date has included home treatment, pain management, neurosurgical consult and surgical intervention. Diagnostic studies to date have included lumbar spine MRI (2013, 2014) and electrodiagnostic studies. A request for authorization dated 8-20-15 for 4 home health care visits (2 times a week for 2 weeks) post-operatively is denied as the request for surgical intervention has been denied, per Utilization Review letter dated 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Home Healthcare visits, twice weekly for 2 weeks postoperatively: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services, Recommended only for otherwise recommended medical treatment 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Home health services are recommended for patients who are home bound. However the proposed surgery has been denied and therefore the request is not medically necessary.