

Case Number:	CM15-0189364		
Date Assigned:	10/01/2015	Date of Injury:	05/20/2004
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial-work injury on 5-20-04. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical discectomy and fusion, fibromyalgia, pain disorder associated with psychological factors and medical condition, major depressive disorder, irritable bowel syndrome, and bilateral shoulder impingement. Medical records dated (4-6-15 to 8-10-15) indicate that the injured worker complains of continued neck and back pain with spasm and depression over her condition. The physician indicates that her transportation assistance should continue as she is not able to drive or take transportation alone due to the extent of her pain disorder. The physician also indicates that she reports that without the homecare assistance, she is afraid to go out and she is essentially homebound. She requires assistance for all activities such as shopping, cleaning, laundry and grooming. The medical records also indicate worsening of the activities of daily living due to chronic pain. Per the treating physician report dated 8-4-15 the injured worker has not returned to work and is permanently disabled. The physical exam dated from (4-6-15 to 8-10-15) reveals that she is alert and somewhat agitated. The cervical spine reveals diffuse tenderness, axial head compression test and restricted range of motion with bilateral shoulder impingement. She appears chronically ill and thin. The physician indicates that the injured worker continues to have difficulty completing all activities of daily living (ADL) due to complaints related to an advanced pain disorder. Treatment to date has included pain medication, off of work, home exercise program (HEP), psyche care, transportation assistance, and other modalities. The requested service included In-home support services (twenty hours

weekly). The original Utilization review dated 9-1-15 non-certified the request for In-home support services (twenty hours weekly) as the injured worker is not homebound.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home support services (twenty hours weekly): 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: Guidelines recommend home health services only for medical treatment for patients who are home bound and for no more than 35 hours per week. In this case, there was a lack of documentation certifying the patient was home bound on a part time or intermittent basis. The request for in home support services 20 hours/week is not medically necessary.