

Case Number:	CM15-0203116		
Date Assigned:	10/19/2015	Date of Injury:	05/28/2002
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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, 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 69 year old female, who sustained an industrial injury on May 28, 2002. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion at cervical three through thoracic seven levels in August of 2010, "severe" disc protrusions and kyphosis of the cervical spine, pathology to the cervical two to three and cervical seven through thoracic one levels, painful facet arthropathy, neuropathic pain, insomnia, anxiety and depression, lumbar five to sacral one spondylosis, low back pain, bilateral cubital tunnel syndrome, and bilateral carpal tunnel syndrome. Treatment and diagnostic studies to date has included medication regimen, home care, x-rays of the cervical spine, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the cervical spine. In a progress note dated September 17, 2015 the treating physician reports complaints of pain to the neck, left upper extremity, and the back along with weakness to the hands. Examination performed on September 17, 2015 was revealing for pain on palpation of the facet joints of the cervical spine, decreased range of motion to the cervical spine with pain, decreased hand grip to the left upper extremity, positive Spurling's testing, positive Tinel's testing to the bilateral elbows, ulnar nerve impingement, cubital tunnel syndrome, and positive Phalen's testing. The progress note from September 17, 2015 indicated prior home care visits with the quantity unknown to assist the injured worker with chores, cooking, cleaning, and groceries, noting that the injured worker lives alone and needs assistance with these activities. On September 17, 2015 the treating physician requested home care assistance twice a week for twelve weeks at four hours a day noting that the injured worker "needs help with daily activities". On September 24, 2015 the Utilization Review determined the request for one home care assistance twice a week for twelve weeks for twelve weeks at four hours a day to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One home care assistance (twice a week for 12 weeks, 4 hours a day): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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

Decision rationale: CA MTUS Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. Medical treatment does not include homemaker services such as shopping, cleaning and laundry and personal care given by home health aides. In this case, the request is for home health services 2 times/week, 4 hours/day, for 12 weeks. The specific duties requested are daily chores, cleaning and cooking. These activities do not constitute medical treatment and the patient requires no other home medical treatment. In addition, she is not homebound. Therefore, the patient does not meet the criteria for home health services and the request is not medically necessary or appropriate.