

Case Number:	CM15-0206437		
Date Assigned:	10/23/2015	Date of Injury:	05/15/2008
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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 48 year old female, who sustained an industrial injury on 5-15-2008. The injured worker was being treated for complex regional pain syndrome, dependency on pain medication, chronic pain syndrome, and impaired activities of daily living. Treatment to date has included medications, right lateral epicondyle release in 2008, and mental health treatment. Currently (9-16-2015), the injured worker complains of "increased pain this past month". She reported difficulty shaving, doing her hair, and any tasks within the home because of ongoing pain. She reported that she had a strep infection and was on Augmentin, then developed a urinary tract infection and a yeast infection. She reported being fatigued. Physical exam noted that she was alert and oriented, tearful, and had mottling of the bilateral upper extremities. Medication use included Oxycodone and Fentanyl. The treatment plan included home health aide to assist with activities of daily living (ADL'S) and instrumental activities of daily living (IADL'S), non-certified by Utilization Review on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide to assist with Activities of daily living (ADL'S) and Instrumental activities of daily living (IADLS): Upheld

Claims Administrator guideline: Decision based on MTUS 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: The California MTUS section on home health states: Recommended only for otherwise recommended medical treatment for patients who are homebound, 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) The provided documentation for review does not indicate the patient is home bound either permanently or on an intermittent basis. There is also no specification in what exact ADLs would be assisted, as homemaker services are not recommended. Therefore, the request is not medically necessary.