MAXIMUS Federal Services

Case Number:	CM15-0030904		
Date Assigned:	02/24/2015	Date of Injury:	01/16/2006
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, California
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 61-year-old female, who sustained an industrial injury on January 16, 2006. The injured worker was diagnosed as having post laminectomy syndrome cervical region, degeneration of intervertebral disc, post laminectomy syndrome of lumbar region, cervical fusion, shoulder impingement, adhesive capsulitis of shoulder, major depression recurrent, osteoporosis, chronic pain, treatment to date has included medication, pain management, multiple spinal surgeries and physical therapy. A progress note dated November 11, 2014 the injured worker complains of neck and back pain. Physical exam notes no acute distress and neck and back tenderness. A detailed examination of the neck and back was not specified in the records provided. Any significant functional deficits of the musculoskeletal system was not specified in the records provided. She is wearing an abdominal binder. The plan is to replace Norco with Percocet, continue analgesic patch, oral medications and homemaker care. The patient was given Homemaker services in 2014. The patient's surgical history include cervical surgery in May 2006 lumbar fusion, left shoulder arthroscopy. The medication list include Fentanyl, baclofen, Zolpidem, omeprazole, Oxycodone, Duloxetine, Famotidine, Cyclosporine and Bupropion. The patient has used an abdominal binder and ambulates with a cane. Patient has received an unspecified number of acupuncture visits for this injury. The patient has had EMG of the bilateral LE that revealed impingement at L5-S1. The patient has had X-ray and MRI of the cervical spine, Lumbar spine and bilateral shoulder. Patient has received PT and psychotherapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Homemaker 4 hours per day x 3 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Request: Homemaker 4 hours per day x 3 days a week. Per the CA MTUS guidelines cited below, regarding home health services "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." The patient was given Homemaker services in 2014. A detailed examination of the neck and back was not specified in the records provided. Any significant functional deficits of the musculoskeletal system was not specified in the records provided. Any significant functional deficits that would require Homemaker 4 hours per day x 3 days a week was not specified in the records provided. Any documented evidence that she is totally homebound or bedridden is not specified in the records provided. Any medical need for home health services like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The patient has received an unspecified number of the home health visits and PT for this injury. Response to these therapies and previous therapy notes are not specified in the records provided. The medical necessity of the request for Homemaker 4 hours per day x 3 days a week is not fully established in this patient.