MAXIMUS Federal Services

Case Number:	CM15-0033117		
Date Assigned:	02/26/2015	Date of Injury:	03/08/2010
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on March 8, 2010. She has reported headaches and neck pain, shoulders, right elbow, right wrist and hand pain, right middle finger, and mid low back pain and has been diagnosed with right forearm and wrist flexor extensor tendinitis with carpal tunnel syndrome, right middle trigger finger, cervical/trapezial musculoligamentous sprain/strain with right upper extremity radiculitis, right shoulder subacromial bursitis, tendinitis and impingement , thoracolumbar musculoligamentous sprain/strain with left lower extremity radiculitis, and left knee patellofemoral arthralgia. Treatment had included physical therapy, injections, and medications. Currently the injured worker had palpable tenderness at the midline and right thoracic regions and lumbosacral spine regions. The treatment plan included medical imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue home care assistant 4 hours/days 3 days/weeks for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with upper extremities pain. The current request is for Continue home care assistant 4 hours/days 3 days/weeks for 6 weeks. The treating physician states, "She was taking hydrocodone, but the creams and patches help a lot. She uses them almost daily. Still very constipated. She has had a little relief from laxacin. She is stable from an internal medicine perspective. There is no real change in her impairments or disabilities." (B.581/582) There is no further discussion about the current request. The MTUS guidelines state "Home health services: 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." In this case, the current request is within the maximum time allowed per week. However, there is no indication that the patient requires medical treatment at home or is unable to care for herself. The current request is not medically necessary and the recommendation is for denial.