

Case Number:	CM15-0041748		
Date Assigned:	03/11/2015	Date of Injury:	06/30/1998
Decision Date:	04/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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: Pennsylvania
 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:

This 75-year-old male sustained an industrial injury to the neck on June 26, 1998. The injured worker also reported emotional stress injury and was followed for symptoms of depression. The injured worker subsequently developed hypertension and left leg deep vein thrombosis. Previous treatment included medications, cognitive behavioral therapy and psychotherapy. In a PR-2 dated 1/28/15, the injured worker complained of upper extremity weakness and difficulty with shopping and other activities. The injured worker was requesting home care assistance. Physical exam was remarkable for painful limited range of motion to the cervical spine, right upper extremity weakness and right intraosseus wasting. Current diagnoses included cervical spine post laminotomy pain syndrome, chronic depressive disorder, benign prostatic hypertrophy, history of left leg deep vein thrombosis on chronic anticoagulants and right knee degenerative joint disease. The treatment plan included renewing Vicodin and requesting eight hour a week home care assistance due to residual pain, neurologic deficit and weakness in both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care assistance 8 hours a week for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. 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 record indicates the request is being made due to difficulty with shopping and other activities and does not provide an indication for medical treatment. Based on this information, the request is not medically necessary.