

Case Number:	CM15-0041766		
Date Assigned:	03/12/2015	Date of Injury:	04/08/2013
Decision Date:	05/05/2015	UR Denial Date:	02/12/2015
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: Internal Medicine, Hospice & Palliative Medicine

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 68-year-old female, with a reported date of injury of 04/08/2013. The diagnoses include cervical sprain and shoulder joint derangement. Treatments to date included oral medication and acupuncture. The progress report dated 09/18/2014 indicates that the injured worker had no significant improvement since the last examination. She was having worsening neck pain, but her headaches had decreased. The physical examination showed tenderness to palpation of the cervical paravertebral muscles, restricted cervical range of motion, spasm in the cervical spine, tenderness to palpation of the anterior left shoulder, decreased left shoulder range of motion, positive left shoulder impingement test, tenderness to palpation of the lumbar paravertebral muscles with spasm, restricted lumbar range of motion, and a positive Finkelstein's test for the left wrist. The treatment plan included the continuation of medications and physical therapy. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested home health care three hours a day for seven days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3 hours /day for 7 days a week (weeks not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) neck and upper back, home health services.

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

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing neck pain and headaches. No recent clinical records were submitted for review. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services. In the absence of such evidence, the current request for home health care assistance for three hours every day for an indefinite length of time is not medically necessary.