

Case Number:	CM15-0057016		
Date Assigned:	04/02/2015	Date of Injury:	01/28/1994
Decision Date:	05/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts

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

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 55 year old male, who sustained an industrial injury on 01/28/1994. The injured worker is currently diagnosed as having C4-7 stenosis, bilateral cervical radiculopathy, and C3-7 disc degeneration. Treatment to date has included cervical spine MRI, left carpal tunnel release, right ankle open reduction and internal fixation with hardware removal, right knee arthroscopy, chiropractic treatment, acupuncture, epidurals, and medications. In a progress note dated 01/05/2015, the injured worker presented with complaints of neck pain with numbness radiating down the arms into the hands with associated headaches. The treating physician reported requesting authorization for a home aid on a request for authorization dated 01/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Aid 7 days a week for 8 hours a day for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work-related injury in January 1994 and underwent a multilevel anterior cervical decompression and fusion. He was seen two weeks after surgery. He had right shoulder weakness with positive impingement testing. There was an otherwise normal neurological examination. Oxycodone was changed to Norco due to nausea and vomiting. He was referred for occupational therapy. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant's surgery was uncomplicated and he was seen for follow-up on an outpatient basis. There was no reported significant functional deficit affecting his ability to perform essential activities of daily living. Therefore, the requested home health aide services were not medically necessary.