

Case Number:	CM15-0088273		
Date Assigned:	05/12/2015	Date of Injury:	08/16/2010
Decision Date:	07/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61-year-old female, who sustained an industrial injury on 08/16/2010. She has reported injury to the neck, bilateral upper extremities, and low back. The diagnoses have included chronic lumbar pain; lumbar radiculopathy; chronic cervical pain with radiculopathy; history of lumbar fusion; history of thoracic outlet syndrome, temporomandibular joint syndrome; anxiety; and depression. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, physical therapy, cognitive behavioral therapy, and surgical intervention. Medications have included Cymbalta, Xanax, Norco, Mobic, Flector patches, Voltaren gel, and Ambien CR. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. The injured worker reported back pain; neck pain; upper extremity symptoms which vary throughout the day depending on her regular activity which is very limited; there are no changes in her non-orthopedic issues of temporomandibular joint pain, wrist pain, weakness, dizziness, tinnitus, and issues with short-term memory; she continue to benefit from Norco, Ambien CR, Mobic, and Flector patches; and she is not currently undergoing any type of therapy or other modes of treatment. Objective findings included antalgic gait and using a cane for ambulation; tenderness and spasm are noted over the lumbar spine with decreased range of motion; and she does appear depressed and distressed. The treatment plan has included the request for home health aide 4 hours (M/W/F) 3x2 weeks for the low back and bilateral upper extremities (BUE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid 4 hours (M/W/F) 3x2 weeks for the low back and bilateral upper extremities (BUE): 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: Home health aide 4 hours (M/W/F) 3x2 weeks for the low back and bilateral upper extremities (BUE) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that home health services are 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. The documentation does not indicate that this patient is homebound therefore, this request is not medically necessary.