

Case Number:	CM13-0068418		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2005
Decision Date:	09/24/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old individual. The injured worker's original date of injury was 2/3/2005. The patient has diagnoses of tennis elbow, neck pain, biceps tendonitis, right shoulder pain and right upper extremity pain. The patient has tried medication management including the use of Voltaren, Ambien, Norco, and Fioricet. The disputed request is for home health services. A utilization review determination had non-certified this requests, citing the MTUS and reasoning that "guidelines do not support use of home care for custodial care/homemaker services."

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ASSISTANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the following regarding "Home health services" on page 51: "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. (CMS, 2004)"The progress note on 1/6/2014 indicates the patient has continued pain the right upper extremity. The treatment section of this note documented that the patient requires home health assistance 3 days per week at 4 hours per day. There is not further explanation available in this note. A prior note on date of service 11/4/2013 does document that the patient has difficulty with ADLs. There is not further clarification, and there is no demonstration of any skilled medical needs as required by the guidelines.