

Case Number:	CM14-0116434		
Date Assigned:	08/04/2014	Date of Injury:	06/05/2007
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family 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:

This is a 38-year-old female with a 6/5/07 date of injury; when she injured her right shoulder while moving a heavy object. The patient underwent L3-L4 fusion on 7/30/12 and right shoulder arthroscopy in 11/13. The patient was seen on 3/6/14 for the follow up visit. The physical examination revealed limited range of motion in the lumbar spine with flexion of 30 degrees, extension of 10 degrees and right and left lateral bending of 10 degrees. There was tenderness to palpation over the paraspinal muscles with spasms. Straight leg raising test was positive on the right at 40 degrees and positive on the left at 50 degrees. The range of motion was 5-/5 in all muscle groups in the lower extremities and the sensation was decreased in the L5 and S1 dermatomes on the left. The patient was seen on 5/27/14 with complaints of ongoing pain and stiffness in the cervical spine, continued pain and stiffness in the right shoulder and triggering of the right long finger. She also reported increasing pain and stiffness in the lumbar spine radiating into the lower extremities with numbness and tingling. The physical examination remained unchanged from the last visit. The patient stated that she had increasing difficulty with performing activities of daily living due to her pain and she reported that she needed assistance with showering, dressing, preparing meals and driving. The diagnosis is cervical sprain/strain, impingement syndrome in the right shoulder, triggering of the right finger, bilateral lower extremity radiculopathy. Treatment to date: 27 sessions of physical therapy, work restrictions and medications. An adverse determination was received on 7/25/14 given that the clinical documentation did not provide any evidence that the patient was homebound in any capacity and that the patient required skilled nursing assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Weeks of Home Health Care (4-6 Hours per Day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA 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 progress note dated 5/27/14 indicated that patient reported difficulty with performing activities of daily living due to her pain and she reported that she needed assistance. However, there is a lack of documentation indicating that the patient was homebound. In addition, the kind of help that the patient requested for was not supported by the Guidelines. Therefore, the request for 4 Weeks of Home Health Care (4-6 hours per day) was not medically necessary.