

Case Number:	CM14-0136428		
Date Assigned:	09/03/2014	Date of Injury:	07/05/1998
Decision Date:	10/17/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational 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 patient is a 52 year old female employee with date of injury of 7/5/1998. A review of the medical records indicate that the patient is undergoing treatment for fibromyalgia. Subjective complaints include difficulty sleeping and regional pain in both wrists; pain rates 6-7/10 (2/10/2014). Objective findings (2/10/2014) include pain in the median nerve with both numbness and tingling with negative Tinel's and Phalen's sign but has tenderness of right C6; some knee OA partially responsive to Orthovisc. Treatment has included Seroquel 25mg and Xanax 3mg at nighttime, but without response. Patient was taking pilates classes as of 2/10/2014; regional neck pain with decreased range of motion. The utilization review dated 7/26/2014 the request for HHCP-SVS of Aide, EA 15 min due to lack of sufficient information to justify treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HHCP-SVS OF AIDE, EA 15 MIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

Decision rationale: According to MTUS and ODG Home Health Services section, "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." Given the medical records provided, employee does not appear to be "homebound". Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. Physician does state that the patient would benefit from a home aid for ADL but does not specify which medical treatments will be performed by a home health aide. The treating physician also does not provide sufficient objective findings and functional status to support home health services. As such, the current request for HHCP-SVS OF AIDE, EA 15 MIN is not medically necessary.