

Case Number:	CM14-0175406		
Date Assigned:	10/28/2014	Date of Injury:	03/08/2010
Decision Date:	12/24/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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:

Injured worker is a female with date of injury 3/8/2010. Per primary treating physician's progress report dated 9/23/2014, the injured worker complains of thoracic and lumbar pain. On exam there is tenderness and pain of the lumbar spine and left sciatic notch. There is decreased range of motion with pain. There is positive straight leg raise with numbness and tingling to left foot. Examination of right ankle, left knee and right shoulder is unchanged. Diagnoses include 1) bilateral trapezius sprain/strain 2) status post right carpal tunnel release 6/6/2013 3) left knee pain 4) status post right shoulder massive rotator cuff repair, decompression, biceps tendonsis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 4 hours/day, 3 days/week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 requesting physician explains that home care assistance is needed for various house chores such as cooking, cleaning, laundry and grocery shopping. This request is for homemaker services and not for medical treatment. The request for Home care assistance 4 hours/day, 3 days/week for 6 weeks is determined to not be medically necessary.