

Case Number:	CM14-0098481		
Date Assigned:	07/28/2014	Date of Injury:	01/04/1997
Decision Date:	10/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 12/17/13 PR-2 notes use of TENS in physical therapy with significant functional improvement and pain relief. Examination notes tenderness of the shoulder with pain and weakness elicited when testing the supraspinatus tendon. There is request for housekeeping assistance 8 hours per week as the injured worker is "unable to use the right arm for housekeeping duties." A 12/26/13 note indicates pain in the back and right shoulder. There are no side effects the insured is reported compliant with treatment plan. Examination noted the patient was awake, alert, crying and upset. Neurologic exam was alert and oriented times 3. A 3/20/14 note indicates pain in the back and right shoulder. The patient is unable to use a cane at times due to pain. The patient is doing physical therapy. The patient is reported to remain stable on pain medication, and is in compliance, with no significant change from previous visit. Examination noted the injured worker was awake, alert, crying and upset. Neurologic exam was alert and oriented times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistant one day per week: 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 managing delayed recovery Page(s): 91.

Decision rationale: The medical records provided for review do not indicate formal functional assessment in regard to whole person in support of objective determination of attendant care. The notes indicate right arm is "usable" by insured, but there is no documented physical examination noting objective severity of weakness on ongoing basis or severity of illness that prevents ability to function at home in capacity of doing housekeeping. The medical records refer to the injured worker having improved functional ability with the treatments. As such, there is no objective support for the requested housekeeper 1 day per week.