

Case Number:	CM14-0198802		
Date Assigned:	12/09/2014	Date of Injury:	10/03/2003
Decision Date:	01/26/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, 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 61 year old female patient who sustained a work related injury on 10/3/2003. Patient sustained the injury due to cumulative trauma. The current diagnoses include right upper extremity complex regional pain syndrome, status post spinal cord stimulator device failure and explanation and status post intrathecal pump placement. Per the doctor's note dated 11/7/14, patient has complaints of pain at 4-7/10 with poor sleep. She was performing an exercise program over the past eight years which provides her with moderate to excellent pain relief. She reported significant decline in daily function and quality of life since cessation of in home care and she was not able to perform her typical ADL including bathing and washing without in home care. Physical examination on 9/5/14 revealed 4/5 strength, hyperesthesia over medial Hand, lateral hand on the right side, Waddell 's signs are negative, normal reflexes and Cerebellar examination is grossly normal. The current medication lists include Dilaudid, Lunesta, Valium, Lidoderm 5% Patch, Ativan and Ibuprofen. The patient has had MRI scans of the spine in 2001 to 2003. She also had x-rays of the spine and chest on October 24, 2001, and x-rays of the head, neck, and spine on April 30, 2002. She had EMG/NCV studies of the right upper extremity. She also had x-rays of the back on December 21, 2005. She had received several stellate ganglion block injections from 2003 to 2013. She had a spinal cord stimulator device which provided her with mild relief of pain and subsequently required explanation due to device failure. She was implanted with an intrathecal pain pump which administers Ziconitide and Dilaudid intrathecally. The patient has received an unspecified number of the home health visits and OT for this injury. She has had a urine drug toxicology report that was positive for opioid and benzodiazepines. She also had 20 to 30 sessions of psychotherapy, including behavior modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, 14 hours: Upheld

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

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

Decision rationale: Per the CA MTUS guidelines cited below, regarding home health services "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." Physical examination on 9/5/14 revealed 4/5 strength, hyperesthesia over medial hand, lateral hand on the right side, Waddell's signs are negative, normal reflexes and Cerebellar examination is grossly normal. Any significant functional deficits that would require Home health care, 14 hours were not specified in the records provided. Any documented evidence that she is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The patient has received an unspecified number of the home health visits and OT for this injury. Response to these therapies and previous therapy notes are not specified in the records provided. The medical necessity of the request for Home health care, 14 hours is not fully established in this patient.