

Case Number:	CM14-0211067		
Date Assigned:	12/23/2014	Date of Injury:	04/08/2005
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 injured worker is a 57-year-old female with a date of injury of 04/08/2005. The mechanism of injury was not provided. The diagnoses included cervical sprain/strain with mechanical headache, myofascial pain syndrome, and right upper extremity complex regional pain syndrome. Past treatments included medication, surgery, therapy, cognitive behavior sessions, spinal cord stimulator implant in 07/2007; subsequent removal 08/16/2011. Diagnostic studies were noted to include an ultrasound of the right shoulder, performed on 09/04/2014. On 10/20/2014, the injured worker reported for her followup appointment and continued to have complaints of persistent right upper extremity pain, weakness and hypersensitivity, in addition to continued residual neck pain with symptoms radiating numbness and tingling to the right upper extremity. She self reported her pain as a 6/10 to 7/10. Physical examination noted severe atrophy with tenderness and hypersensitivity throughout the right upper extremity. The physical examination also showed 2/5 weakness of the right shoulder and 1/5 weakness of the right shoulder for pinching and gripping. Her current medications included clonazepam, Ambien, trazodone, Cymbalta, Nucynta ER, Zanaflex and Lidoderm patches. The treatment plan was for her continue to home exercise, continue supportive bracing and medication and diagnostic studies. The request is for 18 continued home care (4 hours/day, 3 times a week for 6 weeks), and the rationale is the injured worker is unable to use right upper extremity secondary to chronic regional pain syndrome. The Request for Authorization form, dated 10/28/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home care, 18 (4hr/Day, 3 times a week for 6 weeks): Upheld

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

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

Decision rationale: The request for continued home care, 18 (4hr/Day, 3 times a week for 6 weeks) is not medically necessary. The injured worker presented with continued complaints of neck pain and upper extremity pain, which she described as severe in intensity, constant in duration and dull, sharp, cramping, burning, numbness, weakness, aching and soreness of the right upper extremity. The California MTUS Guidelines recommend home health home care 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. According to the documentation provided before the injured worker's work injury, she was performing 100% of the housework, which included mopping, vacuuming, dusting, bedmaking, cleaning of the bathroom and sweeping. She was also performing 100% of the cooking and washing of the dishes, laundry and grocery shopping. The documentation further states that performance of above activities would reasonably place increased strain and load on the injured worker's injured areas as a result would place the injured worker on a substantial and probable risk of aggravation of her condition; for these reasons, the documentation requests home care is medically necessary and reasonable, given the extent of the injured worker's continuing complaints and associated impairments in activities of daily living. According to the California MTUS Guidelines, home care is recommended only for medical treatments and does not include homemaker services like shopping, cleaning, laundry, and personal care given. As such, the request for continued home care, 18 (4hr/Day, 3 times a week for 6 weeks) is not medically necessary.