

Case Number:	CM14-0216016		
Date Assigned:	01/06/2015	Date of Injury:	02/21/2011
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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
 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:

The injured worker is a 56-year-old female, with a reported date of injury of 02/21/2011. The results of the injury were mid-back pain, left shoulder pain, low back pain, right shoulder pain, and neck pain. The current diagnoses include mid-back strain/sprain, and herniated thoracic disc at T8-T9; left shoulder strain/sprain, and tendinitis impingement partial cuff tear; low back strain/sprain, 3mm herniated lumbar disc at L4-L5, and 6-7mm L5-S1 radiculopathy; right shoulder tendinitis impingement partial cuff tear, and status post arthroscopic surgery with adhesive capsulitis; and cervical spine strain/sprain, and herniated cervical disc at C4-C5, C5-C6, and C6-C7. The past diagnoses include mid-back strain/sprain, and herniated thoracic disc at T8-T9; left shoulder strain/sprain, and tendinitis impingement partial cuff tear; low back strain/sprain, 3mm herniated lumbar disc at L4-L5, and 6-7mm L5-S1 radiculopathy; right shoulder tendinitis impingement partial cuff tear, and status post arthroscopic surgery with adhesive capsulitis; and cervical spine strain/sprain, and herniated cervical disc at C4-C5, C5-C6, and C6-C7. Treatments have included an MRI of the thoracic spine on 05/12/2012; an MRI of the low back; electromyography/nerve conduction velocity studies of the low back; and MRI of the cervical spine; epidural steroid injection in the cervical spine. The progress report dated 11/06/2014 indicates that the injured worker complained of bilateral shoulder pain, neck pain, and low back pain. She rated the pain a 9 out of 10, with 10 being the most severe. An examination of the lumbar spine showed flexion at 45 degrees; extension at 15 degrees; bending to the right and to the left at 20 degrees; a positive straight leg raise test at 75 degrees bilaterally; pain at the L5-S1 dermatome distribution; and paraspinal tenderness with paraspinal spasms.

The objective findings also included bilateral weakness in the big toe dorsiflexor and big toe plantar flexor. The treating physician requested authorization for a home health care assistant to help the injured worker with activities of daily living, such as cooking, cleaning, showering/bathing, grocery shopping, and traveling. It was noted that the injured worker had difficulty performing the activities of daily living due to the industrial-related injury. The injured worker's status was temporarily totally disabled. On 11/25/2014, Utilization Review (UR) denied the request for a home health care assistant, six (6) hours a day for seven (7) days a week - ongoing. The UR physician noted that there was no indication for the need of medical treatment, only activities of daily living. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistant, 6 hours a day 7 days a week - ongoing: 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 Home health services Page(s): 51.

Decision rationale: The available records states the patient will need help in cooking, cleaning, showering, bathing, grocery shopping, traveling, etc. from low back pain. MTUS Chronic Pain Medical Treatment Guidelines, page 51 for home health services states: 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. (CMS, 2004) The MTUS guidelines specifically states: "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 request for home health care assistance 6 hours a day 7 days a week ongoing will exceed the amount of hours recommended under the MTUS guidelines, and there is no medical treatment listed other than homemaker services. The request is not in accordance with MTUS guidelines. The request for home health care assistance 6 hours a day 7 days a week ongoing is not medically necessary.