MAXIMUS Federal Services

Case Number:	CM15-0009416		
Date Assigned:	01/27/2015	Date of Injury:	03/22/2001
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 female was injured 3/22/01 in an industrial accident. Currently she is experiencing left shoulder pain. She is taking Norco, Soma, Neurontin, and Mobic. She was diagnosed with left shoulder glenohumeral degenerative joint disease; possible left shoulder rotator cuff tear; status post left first carpometacarpal hemiarthroplasty; status post left carpal tunnel release; healed right inferior pole patella fracture; cervical degenerative joint disease status post fusion; right carpal tunnel syndrome; right first carpometacarpal degenerative disc disease; L4-5 spondylolisthesis; chronic pain; obesity and history of deep vein thrombosis. Her treatments included cortisone injections that were ineffective. Diagnostics were left shoulder radiographs (8/26/14). The treating physician requested home care and pain management evaluation because the injured worker is using high doses of narcotics that are not effective for pain and further surgery is not an option. On 12/17/14 Utilization Review non-certified the requests for Home care 40 hours X 1 month, given by daughter citing MTUS: Chronic Pain Medical Treatment Guidelines; Pain Management: evaluation and treatment with [redacted] citing ODG-TWC Pain Procedure Summary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care; 40 hours times 1 month, given by daughter: 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 Page(s): 51.

Decision rationale: Per MTUS CPMTG with regard to home health services: 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 documentation notes that the request is made primarily because of the injured worker's knee because it gives way on her so she needs someone to make sure she is safe and assist with toileting. Per the guidelines, medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request is not medically necessary.

Pain management; evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 11/21/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what prospective treatment the pain management evaluation will address. The request is not medically necessary.