

Case Number:	CM15-0012676		
Date Assigned:	01/30/2015	Date of Injury:	05/29/2009
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 05/29/2009. The diagnoses have included cervical radiculopathy, right and left shoulder tendinitis with impingement and rotator cuff tear, right carpal tunnel, lumbar radiculopathy, internal derangement of right and left knee, status post left carpal tunnel release on 10/02/2010, status post right shoulder arthroscopy on 06/30/2012, and left heel plantar fasciitis. Treatments to date have included lumbar epidural steroid injection, surgeries, orthopedic visits, therapy, and medications. Diagnostics to date have included right shoulder MRI which was noted as positive for right shoulder tendinitis, impingement, and rotator cuff tear and positive electromyography/nerve conduction studies noted recurrent carpal tunnel syndrome. In a progress note dated 11/12/2014, the injured worker presented with complaints of radiating pain down bilateral arms, bilateral shoulder pain, low back pain, and knee pain. The treating physician reported provision for arthroscopy/arthroscopic intraarticular surgery for the left shoulder need to be left open as well as lumbar epidural steroid injections. A request was made for home health to assist with daily activities such as bathing, shopping and travelling. Utilization Review determination on 12/18/2014 non-certified the request for Home Health Assistance for 4 hours a day, 7 days a week citing Medical Treatment Utilization Schedule Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance for 4 hours a day/7 days a week: Upheld

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

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

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, 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. In this case, the request for home health related to personal daily care that is not covered per the MTUS guidelines. As a result, the home health request above is not medically necessary.