

Case Number:	CM15-0016545		
Date Assigned:	02/04/2015	Date of Injury:	10/03/2001
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76-year-old female who reported an injury on 10/03/2001 due to an unspecified mechanism of injury. On 01/07/2015, she presented for a followup evaluation regarding her work related injury. She stated that she was able to turn her neck with greater ease and no pain. It was noted that she continued to have functional limitations with self care, carrying, moving, and handling objects, and some activities of daily living. She was noted to have surgical history of 2 previous carpal tunnel surgeries. Her problems included inability to drive, inability to lift and carry groceries, decreased range of motion to the right shoulder, muscle weakness to the upper extremities and postural muscles, required postural awareness education, required education on HEP body mechanics, functional activity tolerance deficit, and strength deficit. The treatment plan was for home health twice weekly for 6 weeks. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health, twice weekly for six weeks: 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 California MTUS Guidelines indicate that home health services are recommended for those who are homebound on a part time or intermittent basis and do not include homemaker services. The documentation provided does not indicate the injured worker was in need of medical care to support the request for home health services. Also, it was not stated that she was homebound on a part time or intermittent basis and the level of care that would be provided was not documented. Therefore, the request is not supported. As such, the request is not medically necessary.