

Case Number:	CM15-0111740		
Date Assigned:	06/18/2015	Date of Injury:	02/07/2005
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 46 year old male, who sustained an industrial/work injury on 2/7/05. He reported initial complaints of low back, right upper extremity, bilateral knee, shoulders upper extremities, and neck pain. The injured worker was diagnosed as having cervical radiculitis, lumbar radiculitis, chronic pain syndrome, and TMJ (temporalmandibular joint) disorder. Treatment to date has included medication and diagnostics. MRI results were reported on 9/16/11. Electromyography and nerve conduction velocity test (EMG/NCV) was performed to reveal chronic bilateral C5 radiculopathy, moderate carpal tunnel syndrome, and right ulnar neuropathy. Currently, the injured worker complains of having near falls but unable to use his cane, right hand pain and numbness, difficulty reaching above shoulder level, and bilateral knee pain. Per the primary physician's progress report (PR-2) on 3/25/15, examination reveals antalgic gait favoring right side, positive straight leg raise at 60 degrees, positive Spurling's bilaterally, decreased sensation at L5-S1, swelling in bilateral wrists, positive Tinel's over median right nerve, right wrist brace and right elbow brace. The requested treatments include Home health aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid 5 hours a day for 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Home Health Services.

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

Decision rationale: As per MTUS chronic pain guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide. Prior notes of prior home health aide specifically described services provided that is expressly defined as "homemaker service" which is expressly not the services that home health services is for. Provider's notes states that patient is able to perform basic activity of daily living and is able to drive self. Patient lives with family which can provide some aid. Utilization review note states discussion primary provider notes that patient is not able to clean feet or cook which continues to be "homemaker services". There is not a single medical rationale provided for a home health aide. Home Assistance is not medically necessary.