MAXIMUS Federal Services

Case Number:	CM15-0112373		
Date Assigned:	06/18/2015	Date of Injury:	03/19/2007
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational 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 64 year old male who sustained an industrial injury on 3/19/07. The mechanism of injury is unclear. He currently is experiencing left arm swelling, bilateral shoulder pain and sleep difficulties. Ability to perform activities of daily living was unclear in the documentation reviewed. On physical exam the neck movement was abnormal, pain with range of motion radiating to right upper extremity; right and left shoulders have tenderness over the posterolateral subacromial region with positive Neer's sign and minimal tenderness of the carpometacarpal area. Medications are Lidocaine patches, Fentanyl, Lunesta, Lyrica, Norco, Prilosec, Vicodin, Zanaflex. Diagnoses include right lateral epicondylitis and extensor tendonitis of the elbow, status post debridement of lateral epicondylitis and extensor tendonitis of the elbow (6/1/15); right de Quervain's tenosynovitis, status post right de Quervain's release; right carpal tunnel syndrome, status post right carpal tunnel release (11/20/09); chronic cervicalgia; bilateral cervical radiculitis. Treatments to date include pain pump placement (Fentanyl) (3/16/15); medications; right carpometacarpal injection (2/10/11) helpful. Diagnostics include electrodiagnostic studies of the cervical spine (5/7/08, 8/6/10, 10/25/11)) showing C5-6 radiculopathy and mild bilateral carpal tunnel syndrome and repeat in 8/10/09 shows right C7 radiculopathy and right moderate carpal tunnel syndrome; MRI right and left shoulder (7/9/10) abnormal; cervical MRI (7/26/11) abnormal; bone scan (7/27/12) unremarkable. On 6/2/15 Utilization Review evaluated a request for home visits for assistance with activities of daily living and personal care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Visit for assistance with activities of daily living and personal care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 04/30/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Home Health Services.

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 medical record does not contain documentation that the patient requires medical services to be provided at the home. Home Visit for assistance with activities of daily living and personal care are not medically necessary.