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| Case Number: | CM15-0114769 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 03/23/2012 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on 3/23/2012. Diagnoses include status post lumbar decompression L4-5, chronic low back pain, shoulder parascapular strain, right shoulder impingement syndrome and thoracic/cervical sprain/strain. Treatment to date has included diagnostics, modified work, surgical intervention, inserted pain pump, medications and physical therapy. Per the handwritten Primary Treating Physician's Progress Report dated 4/27/2015, the injured worker reported ongoing pain in the right shoulder and right hand. Physical examination revealed positive tenderness to palpation of the right shoulder. There was a positive Tinel's and Phalen's sign of the right hand. The plan of care included modified work, home care, and possible surgical intervention. Authorization was requested for home care assistance, 4 hours a day, 3 days a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance; 4 hours a day, 3 days a week for 6 weeks: Upheld

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

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

Decision rationale: Home care assistance; 4 hours a day, 3 days a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that home health services are 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. The documentation is not clear on what medical treatment is necessary and the documentation is not clear that the patient is homebound therefore this request is not medically necessary.