MAXIMUS Federal Services

Case Number:	CM15-0170533		
Date Assigned:	09/11/2015	Date of Injury:	01/19/2010
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
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 49 year old female, who sustained an industrial injury on 1-19-2010. The injured worker was diagnosed as having lateral epicondylitis. The request for authorization is for: yard work assistance 4 hours per week x 8 weeks. The UR dated 8-26-2015: non-certified the request for yard work assistance 4 hours per week for 8 weeks. On 3-4-2015, she reported continued pain of the right elbow with some improvement noted. She also reported continued neck pain. She is temporarily totally disabled for her cervical spine condition. She is noted to have full range of motion of the right elbow. On 5-19-2015, she reported neck pain with radiation into the shoulders and upper arms, and associated numbness and tingling of the right hand. She is noted to have no motor deficit and reflexes are diminished and symmetrical. On 5-20-2015, she reported continued right elbow pain despite surgery. Physical examination revealed no swelling, mild tenderness in the lateral epicondyle, and full range of motion. On 6-30-2015, she is reported to be doing well after cervical spine surgery. She is noted to have guarded neck motion, moderate pain at the extremes of range of motion, motor examination was within normal limits, sensory examination was within normal limits, and there were no pathologic reflexes evident. She was noted to have full range of motion of all major joints of the upper extremities and range of motion completed without pain. A lateral paracervical trigger point was noted and she was given injection. The provider noted she had report of post occipital headaches, which have responded well to Fioricet. On 7-29-2015, she reported soreness and pain at the base of the neck, and left elbow pain. There is tenderness and spasm noted on examination of the neck. She complained of moderate pain at the extremes of range of motion and was very guarded in neck

motion. The treatment and diagnostic testing to date has included: QME (2-28-2012, 8-9-2012), medications, cervical facet injection (5-20-2013), cervical epidural steroid injection (1-6-2014), magnetic resonance imaging of the cervical spine (12-19-2014), CT scan cervical spine (10-25-2014), emergency room treatment (10-25-2014), cervical spine fusion (3-13-2015), and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yard work assistance 4 hours a day for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services: 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. (CMS, 2004) Home health services are recommended for patients who are home bound. However, homemaker services are not recommended and therefore the request is not medically necessary.