

Case Number:	CM15-0179348		
Date Assigned:	09/21/2015	Date of Injury:	11/01/2003
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, California
 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:

This is a 38 year old female patient, who sustained an industrial injury on 11-1-03. The diagnoses include reflex sympathetic dystrophy of upper limb, reflex sympathetic dystrophy of lower extremity, chronic pain syndrome and myalgia and myositis. Per the doctor's note dated 6/24/2015, she is status post spinal cord stimulator revision on 5/12/2015. She had post operative pain from the procedure. The physical examination revealed uncomfortable due to pain, multiple trigger point over the right trapezius region and well healed incision without signs of infection. Per the doctor's note dated 6/29/2015, patient was able to start some range of motion and limited IDL. She still had post operative pain. Patient still needed assistance with dressing, meal preparation, laundry, hygiene and transportation. The medications list includes Axert 12.5mg, Baclofen 10mg, Colace 100mg, Cymbalta 50mg, Ibuprofen 800mg, Linzess 145mg, Lunesta 3mg, Miralax 17gm, Norco 10-325mg, Omeprazole 10mg, Percocet 10-325mg, Robaxin 500mg, Senna 8.6mg, Trazodone 0mg and Zofran 8mg; topical Lidoderm patches and subcutaneous Imitrex injections. She has undergone right carpal tunnel release in 2004, spinal cord stimulator placement in 2006 and spinal cord stimulator replacement on 5/12/2015. She has had physical therapy, home exercise program and activity modifications. The original utilization review (9-2-15) denied a request for Home health care 4 hours per day times 5 days per week for the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4 hours per day times 5 days per week for the upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Home health care 4 hours per day times 5 days per week for the upper and lower extremities. Per the cited guidelines, regarding home health services "Recommended only for otherwise 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." Evidence that the patient is totally homebound or bed ridden is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The medical necessity of Home health care 4 hours per day times 5 days per week for the upper and lower extremities is not fully established in this patient, based on the records provided.