

Case Number:	CM15-0064992		
Date Assigned:	04/13/2015	Date of Injury:	09/29/2007
Decision Date:	05/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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:

This 55-year-old female sustained an industrial injury to the back, left knee and right shoulder on 9/29/07. Previous treatment included magnetic resonance imaging, right shoulder arthroscopy, left knee surgery, injections and medications. In a PR-2 dated 3/16/15, the injured worker complained of ongoing pain to the left knee, right shoulder and lumbar spine. The injured worker reported that she needed help at home. Physical exam was remarkable for tenderness to palpation to the lumbar spine, left knee and right shoulder with decreased range of motion to the right shoulder. Current diagnoses included status post arthroscopy right shoulder, residual stiffness, lumbar spine sprain/strain and right lower extremity radiculopathy. The treatment plan included electromyography upper extremities, a prescription for a front wheeled walker with seat attachment and home care four hours a day, three days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 4 hours a day, 3 days a week (weeks) Qty: 2: Upheld

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

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

Decision rationale: The requested home care 4 hours a day, 3 days a week (weeks) Qty: 2, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note 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 injured worker has ongoing pain to the left knee, right shoulder and lumbar spine. The treating physician has documented tenderness to palpation to the lumbar spine, left knee and right shoulder with decreased range of motion to the right shoulder. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Home care 4 hours a day, 3 days a week (weeks) Qty: 2 is not medically necessary.