

Case Number:	CM15-0070263		
Date Assigned:	04/20/2015	Date of Injury:	08/11/2010
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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 62 year old male, who sustained an industrial injury on 8/11/10. The injured worker has complaints of cervical spine, lumbar spine, left shoulder and bilateral hand pain. The diagnoses have included cervical stenosis; status post C6 corpectomy/fusion at instrumentation, December 20, 2011; removal of trestle anterior cervical plate, July 30, 2012; chronic left bicipital tendon pain with left rotator cuff tendonitis and tear of the long head of the biceps tendon; left shoulder high-grade subscapulars tear and partial left rotator cuff tear. Treatment to date has included Tylenol #3 helps his pain from a 9 down to a 4; tramadol discontinued due to possible adverse reactions or drugs interactions; C6 corpectomy/fusion at instrumentation, December 20, 2011; removal of trestle anterior cervical plate, July 30, 2012 and magnetic resonance imaging (MRI) of the cervical spine. The request was for home health 2 times week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 2 x week for 3 weeks: 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 Home Health Services Page(s): 51.

Decision rationale: The MTUS Guidelines recommend home health services 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. This request is for homemaker services and not for medical treatment. There is little documentation addressing this injured worker's home environment or living arrangement. There is also no documentation stating what sort of home health services he will require. The request for home health care 2 x week for 3 weeks is determined to not be medically necessary.