

Case Number:	CM15-0073606		
Date Assigned:	04/23/2015	Date of Injury:	01/27/2006
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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 58 year old female who sustained an industrial injury on 1/27/06. She has reported initial complaints of neck and right upper extremity injuries with pain. The diagnoses have included cervical disc disease status post fusion times two, right shoulder rotator cuff tear, status post-surgery, abdominal hernia, status post-surgery, and stroke involving right sided hemiparesis. Treatment to date has included medications, surgery, injections, psychiatry, diagnostics and home exercise program (HEP). The diagnostic testing that was performed included x-rays and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Lorazepam, psychobenzaprine, Lyrica, and Ambien. As per the physician agreed medical evaluation dated 10/2/14, the injured worker complains of pain and restricted motion of her neck, as well as headaches. She also reports pain, loss of motion, and loss of strength in the left shoulder. She reported that since her stroke, she has had weakness in the right upper extremity and right lower extremity with difficulty concentrating, loss of memory and slurred speech. Since the stroke, she reports that she has been using a walker and avoids using her right upper extremity as she is left handed a she does most activities with her left hand. Physical exam of the cervical spine revealed decreased range of motion and tenderness. The bilateral shoulders revealed decreased range of motion and tenderness. There was decreased motor strength in the entire bilateral upper extremity musculature with grip strength loss of bilateral upper extremities. The injured worker was not working. The physician requested treatment included Home Health 7 Days a week 5 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health 7 Days a week, 5 hours a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

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. The patient is not home bound nor do the services mentioned for home health in the documentation meet criteria as set forth above. Therefore the request is not certified.