

Case Number:	CM15-0076516		
Date Assigned:	04/28/2015	Date of Injury:	07/01/2010
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 59 year old female who sustained an industrial injury on July 1, 2010. She has reported injury to the right wrist and has been diagnosed with cervical discogenic pain and right shoulder tic of unknown etiology. Treatment has included physical therapy, chiropractic care, and medications. Currently the injured worker had severe spasm in her right shoulder and severe spasms in the right hand. The treatment request included home health care. She is married with two children. She is getting further and further behind in her home needs. She does have family that comes in from time to time, but they cannot be counted on to constantly give her care. She is married.

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, 3 days a week x 6 weeks: 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 services Page(s): 50.

Decision rationale: According to the MTUS guidelines, 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. The injured worker is diagnosed with cervical discogenic pain and right shoulder tic of unknown etiology. She is getting further and further behind in her home needs. She does have family that comes in from time to time, but they cannot be counted on to constantly give her care. With regards to home health services, the MTUS guidelines state that 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 is noted to be falling behind in her house care and per the guidelines medical treatment does not include homemaker services like cleaning, and laundry. The request for Home health care, 4 hours per day, 3 days a week x 6 weeks is not medically necessary and appropriate.