

Case Number:	CM15-0077255		
Date Assigned:	04/28/2015	Date of Injury:	07/07/2009
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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, Illinois
 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 50 year old, male who sustained a work related injury on 7/7/09. The diagnoses have included cervical musculoligamentous sprain/strain, lumbar herniated disc with lower extremity radiculopathy, status post lumbar surgery, left rotator cuff tear, status post left shoulder surgery, right shoulder impingement, right knee medial meniscus tear and bilateral knee chondromalacia patella and tibiofemoral arthrosis. The treatments have included medications, left shoulder surgery, lumbar surgery and family assistance. In the PR-2 dated 3/6/15, the injured worker complains of chronic back pain and weakness to both knees that is "becoming overwhelming with factors of inability to even due the simplest activity." He has a history of falls due to the knee instability. The treatment plan is a request for home care assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care - 4 Hours/Day, 3 Days A Week, For 1 Year (unspecified services/treatments):
 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 injured worker sustained a work related injury on 7/7/09. The medical records provided indicate the diagnosis of cervical musculoligamentous sprain/strain, lumbar herniated disc with lower extremity radiculopathy, status post lumbar surgery, left rotator cuff tear, status post left shoulder surgery, right shoulder impingement, right knee medial meniscus tear and bilateral knee chondromalacia patella and tibiofemoral arthrosis. The treatments have included medications, left shoulder surgery, lumbar surgery and family assistance. The medical records provided for review do not indicate a medical necessity for Home Care - 4 Hours/Day, 3 Days A Week, For 1 Year (unspecified services/treatments). The request is not specific; besides, the MTUS does not recommend recommended home health services except for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. The 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.