

Case Number:	CM15-0078695		
Date Assigned:	04/29/2015	Date of Injury:	01/30/2004
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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 61-year-old female, who sustained an industrial injury on 01/30/2004. She has reported injury to the neck, left shoulder, left knee, left ankle, and low back. The diagnoses have included low back pain; lumbar stenosis; left neck pain; chronic left knee pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Naprosyn, and Cymbalta. A progress note from the treating physician, dated 09/26/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of progressively worsened pain in the left shoulder and left ankle; and is participating in group therapy, aqua therapy, and land-based exercise; and needs in-home support services to help with chores around the house and activities of daily living. Objective findings included tenderness along the cervical paraspinal muscles; pain with facet loading; pain along the lumbar paraspinal muscles; using cane; left ankle swelling and pain along the retro-Achilles tendon, mid foot, and plantar fascia; mild tenderness along the anterior talofibular ligament along the left; and weakness and decreased range of motion. The treatment plan has included the request for home healthcare times 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Healthcare times 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 01/30/2004. The medical records provided indicate the diagnosis of low back pain; lumbar stenosis; left neck pain; chronic left knee pain; and chronic pain syndrome. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco, Naprosyn, and Cymbalta. The medical records provided for review do not indicate a medical necessity for Home Healthcare times 4 weeks. The MTUS states that home health services 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 not medically necessary.