

Case Number:	CM15-0090282		
Date Assigned:	05/14/2015	Date of Injury:	12/05/2014
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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 56 year old male who sustained an industrial injury on 12/5/14. The injured worker was diagnosed as having status post intraventricular hemorrhage post head injury and somewhat residual cognitive impairment and bilateral shoulder injuries with severe adhesive capsulitis and what appears to be a subacute thoracic and lumbar spine injury with some acute spasticity and guarding. Currently, the injured worker was with complaints of cognitive impairment and shoulder discomfort. Previous diagnostic studies included a computed tomography. Physical examination was notable for an antalgic gait, decreased range of motion in the right shoulder, tenderness to the posterior labral. The plan of care was for home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Health Services 40 hours a week for 6 months: 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. The available documentation does not address the injured worker's functional capabilities. The request for in home health services 40 hours a week for 6 months is determined to not be medically necessary.