

Case Number:	CM15-0091264		
Date Assigned:	05/15/2015	Date of Injury:	03/28/2008
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/12/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 42-year-old female, who sustained an industrial injury, March 28, 2008. The injured worker sustained injuries while taking care of someone at home. The injured worker suffered neck injury with radiating pain down the bilateral arms and right more than the left. The injured worker previously received the following treatments cervical spine MRI, cervical spine x-rays, Oxycontin, Percocet, Lyrica, Nexium, Xanax, Ambien, Flector Patches, 2 anterior cervical fusions and one posterior cervical fusion, left shoulder and left elbow and bilateral carpal tunnel release surgeries. The injured worker was diagnosed with moderate alignment C6-7 spondylosis, disc bulging and bone spurring causing moderate central canal narrowing, status post cervical fusion, chronic pain with physiological tolerance and anterior cervical fusion at C6-C7. According to progress note of January 14, 2015, the injured workers chief complaint was neck pain with radiation of pain down in to the bilateral upper extremities, right more than the left. The physical exam noted all surgical incisions were healed. The injured worker had diffuse tenderness with palpation over the neck. The motor strength was 4 out of 5 throughout the upper extremities and lower extremities. The sensation to touch was intact. The review of the cervical neck x-rays showed cervical spine fused from C4 to C7. There was an anterior screw and posterior screws at C6-C7. The treatment plan included home care services two times a week 3-4 hours a day for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 2 Times A Week 3-4 Hours Hours A Day For 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): 51.

Decision rationale: According to MTUS guidelines, home care assistance is “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. 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).” The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. In addition, the requested time exceeded the maximum time allowed by the guidelines. Therefore, the request for Home Health Care 2 Times A Week 3-4 Hours A Day For 6 Weeks is not medically necessary.