

Case Number:	CM15-0094132		
Date Assigned:	05/20/2015	Date of Injury:	07/07/2005
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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 is a 53 year old male, who sustained an industrial injury on 07/07/2005. On provider visit dated 02/03/2015 the injured worker has reported neck pain, lower back pain, right shoulder pain, left shoulder pain, right wrist pain, left knee pain, bilateral foot pain and loss of sleep due to pain. On examination of the cervical and lumbar spine was noted as decreased range of motion and tenderness to palpation of the paravertebral muscles. Right and left shoulder and left wrist was noted to have decreased range of motion with pain note and left knee was noted as having a painful range motion. The diagnoses have included chronic pain, chronic headaches, depression, insomnia/ obstructive sleep apnea with excessive daytime sleepiness. Treatment to date has included pain management specialist, medication, home therapy and laboratory studies. The provider on 03/20/15, requested homecare, 8 hours per day x 7 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Homecare, 8 hours per day x 7 days a week: 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 Homecare, 8 hours per day x 7 days a week is not medically necessary.