

Case Number:	CM15-0094465		
Date Assigned:	05/20/2015	Date of Injury:	01/18/2006
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male patient, who sustained an industrial injury on 1/18/06. The diagnoses include cervical radiculopathy, status post lumbar fusion, chronic pain with persistent radiculopathy and bilateral shoulder pain. Per the PR2 dated 3/11/15, he had difficulty with all activities of daily living. Objective findings include a mildly weak hand grip, decreased lumbar range of motion and severe tenderness in the bilateral shoulders and knees. The medications list includes cyclobenzaprine, lunesta, pantoprazole, xanax, docusate, melatonin, cymbalta, ultram and seroquel. He has had cervical MRI. He has had aquatic therapy for this injury. The treating physician requested home care for 4 hours a day, 7 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 4 hours a day, 7 days a week (unspecified duration): 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: Request: Home care 4 hours a day, 7 days a week (unspecified duration) Per the cited guidelines below, regarding home health services "Recommended 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." Any evidence that the patient is totally homebound or bed ridden is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The medical necessity of Home care 4 hours a day, 7 days a week (unspecified duration) is not fully established in this patient. Therefore, this request is not medically necessary.