

Case Number:	CM15-0094646		
Date Assigned:	05/20/2015	Date of Injury:	03/06/2004
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on 03/06/2004. Treatment provided to date has included: conservative care; medications (including Motrin, Naproxen, Ketoprofen, Bextra, Celebrex, Skelaxin, Neurontin, Topamax, Ultram, Vicodin, Cymbalta, Pristiq, Wellbutrin, Zolof, Effexor, Risperdal, Prozac, Celexa, Remeron, Ativan, Xanax, Ambien, Restoril, topical creams, and other miscellaneous medications); right lateral epicondylar injection (no benefit); right tennis elbow brace, (no benefit); caudal epidural steroid injection (20% benefit); psychological counseling; functional restoration program (beneficial); gym membership; physical therapy (transient benefit); and acupuncture (unknown number of sessions with transient benefit). Diagnostic tests performed include: x-rays of bilateral knees (07/26/2011 and 02/24/2012) showing small joint effusions, mild narrowing of the medial tibial compartment; MRI of the cervical spine (11/26/2012) showing mild degenerative disc disease with mild neuroforaminal encroachment and abnormal signal within the cervical cord; MRI of the thoracic spine (01/30/2013) showing prominent thoracic kyphosis throughout the thoracic spine with some mild scoliosis and minor disc bulges; and MRI of the right hip (03/06/2013) revealing evidence of ischiofemoral impingement syndrome. Comorbid diagnoses included history of diabetes. There were no noted previous injuries or dates of injury. On 04/30/2015, physician progress report noted complaints of chronic pain to bilateral shoulders, bilateral elbows, bilateral hips, bilateral knees. Pain is rated as 9 (1-10) and described as constant. Additional complaints include low back pain, neck pain and an ongoing cough. The injured worker was reported to be dependent upon others with the following activities of daily living

(ADLs): bathing, cooking, dressing, driving, housekeeping, toileting, shopping and yard work. Current medications consist of: Allegra, Aristocort, clobetasol, colchicine, Cymbalta, gabapentin, Lidoderm patches, mirtazapine, Norco, Protonix, and risperidone. The injured worker reported that she was getting no pain relief from medications and request to follow-up with the orthopedic specialist for her ortho problems. It was also noted that the injured worker had previously been hospitalized due to attempt at self-harm/suicide. The physical exam revealed the injured worker exhibited moderate distress, dressed in 3 layers of clothing, avoids eye contact and keeps eyes closed throughout most of visit/exam, lethargic, depressed, flat affect, forward flexed body posture, facial grimacing, and slow gait. The provider noted diagnoses of chronic pain syndrome, knee pain, degenerative intervertebral disc disease of the lumbar spine, and degenerative intervertebral disc disease of the cervical spine. Plan of care includes: an oral surgery/dentist referral due to dry mouth and mouth pain; internal medicine referral for the evaluation of diabetes and urinary symptoms; ear/nose/throat specialist referral due to dizziness; home health for assistance with ADLs; schedule approved acupuncture sessions; and schedule/follow-up on approved spine surgeon evaluation. Requested treatments include: home health services 8 hours per day 7 days per week for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health service, 8 hours a day for seven days a week for six months: 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: The patient presents with bilateral shoulder/elbow, bilateral knee, bilateral hip, neck and low back pain rated 9/10. The request is for HOME HEALTH SERVICE 8 HOURS A DY FOR SEVEN DAYS A WEEK FOR SIX MONTHS. The request for authorization is dated 05/04/15. Physical examination of the cervical spine reveals tenderness to palpation noted over occipital foramen supraclavicular region on both sides. Exam of lumbar spine reveals abnormal reversal lumbar lordosis and tenderness to palpation noted over paraspinal muscles overlying the facet joints and SI joints on both sides. Acupuncture has been approved, patient to schedule. Patient ambulates with walker. Patient brings in a spread sheet with ADLs she is not able to do and rationale for needing her roommate to be her pain home health provider 8 hours per day 7 days per week. States she is in pain daily and states that she is getting no relief with any medications. Patient's medications include Motrin, Naproxen, Ketoprofen, Bextra, Celebrex, Skelaxin, Neurontin, Topamax, Ultram, Vicodin, Cymbalta, Pristiq, Wellbutrin, Zoloft, Effexor, Risperdal, Prozac, Celexa, Remeron, Ativan, Xanax, Ambien, Restoril and topical creams. The patient's work status is not provided. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home

health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per progress report dated 04/30/15, treater's reason for the request is "Patient has provided spread sheet with ADLs that she is not able to do. This appears to be appropriate due to patient's condition on visit today and past attempts at self harm resulting in hospitalization." However, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the request for home health care would not be indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. Furthermore, the request for 8 hours per day 7 days per week would exceed MTUS recommendation of no more than 35 hours per week. Therefore, the request IS NOT medically necessary.