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| Case Number: | CM15-0096830 | | |
| Date Assigned: | 05/27/2015 | Date of Injury: | 07/11/2008 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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 year old 62 male, who sustained an industrial injury on July 11, 2008. The mechanism of injury was not provided. The injured worker has been treated for head, neck, low back and bilateral upper extremity complaints. The diagnoses have included cervical/thoracic/lumbar sprain/strain, cervical radiculopathy, bilateral carpal tunnel syndrome, low back syndrome, abnormal gait and lumbar spine radiculitis. Treatment to date has included medications, custom orthotics and physical therapy. Current documentation dated April 21, 2015 notes that the injured worker reported constant sharp bilateral shoulder pain and constant bilateral wrist pain with associated numbness and tingling. The injured worker also noted intermittent symptoms including headaches, blurriness in the left eye, left ear ringing, neck pain, aching low back pain and right knee pain and swelling. Objective findings included tenderness of the lumbar spine with spasms, weak grips and numbness in the bilateral hands and positive Tinel's signs of the bilateral wrists. The treating physician's plan of care included a request for home care two hours a day, three days a week for unspecified duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care two hours a day for three days a week for unspecified duration: 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 was injured on 07/08/11 and presents with headaches, left ear ringing, bilateral wrist pain/numbness/tingling, sharp bilateral shoulder pain, neck pain, right knee pain, and lower back pain. The request is for HOME CARE TWO HOURS A DAY FOR THREE DAYS A WEEK FOR UNSPECIFIED DURATION because of severe carpal tunnel syndrome. There is no RFA provided and the patient will remain off of work until 07/01/15. MTUS Guidelines page 51 has the following regarding home service, "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, laundering, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The 04/21/15 report states that there is tenderness along the lumbar spine with muscle spasms at levels L1-5, positive Tinel's at the bilateral wrists, and weak grips/numbness in bilateral hands. The patient is diagnosed with cervical/thoracic/lumbar sprain/strain, cervical radiculopathy, bilateral carpal tunnel syndrome, low back syndrome, abnormal gait and lumbar spine radiculitis. In this case, there is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. MTUS does not support home care assistance if this is the only care that is needed. The patient does not present with any organic basis for instability to perform home duties. The requested home care IS NOT medically necessary.