

Case Number:	CM14-0217309		
Date Assigned:	01/07/2015	Date of Injury:	08/18/1999
Decision Date:	11/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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: Preventive Medicine, Occupational 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 62 year old female, who sustained an industrial injury on 6-18-1999. The injured worker was diagnosed as having lumbar radiculopathy and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, chiropractic, wrist braces, and medications. On 9-11-2014, the injured worker complained of constant low back pain with radiation to the lower extremities (rated 8 out of 10), frequent bilateral wrist-hand pain with numbness and tingling (rated 7 out of 10). She reported pain without medications as rated 9 out of 10 and reported no side effects. Objective findings included positive Phalen's and Tinel's bilaterally and tenderness of the carpals bilaterally. She was ambulatory with cane assistance and an antalgic gait was noted. Straight leg raise was positive bilaterally. It was documented that she "uses oxygen". Medication use included Norco, Wellbutrin, Robaxin, Valium, and Effexor. Urine toxicology (10-14-2014) was inconsistent with prescribed medications. Her current function with activities of daily living was not described. Her work status was "permanently disabled". Per the Request for Authorization dated 11-19-2014, the treatment plan included home health care Monday through Friday, for 8 hours per day x3 months, non-certified by Utilization Review on 12-02-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health care M-F 8 hours/day (xmonth) quantity 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The MTUS Guidelines recommend home health services 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. In this case, the nature of the request for home health care is not noted in the available documentation. The injured worker is not noted to be homebound; therefore, the request for home health care M-F 8 hours/day (xmonth) quantity 3.00 is determined to not be medically necessary.