

Case Number:	CM15-0123113		
Date Assigned:	07/07/2015	Date of Injury:	06/06/1996
Decision Date:	10/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/25/2015

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, Florida, 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 58-year-old female, who sustained an industrial injury on 06-06-1996. A review of the medical records indicates that the injured worker is undergoing treatment for heart disease, hypertension, sleep apnea, complex regional pain syndrome of the left upper extremity, thoracic outlet syndrome (status post first rib resection on the right), thoracic outlet syndrome on the left, bilateral carpal tunnel syndrome with decompression time 2 on the right and once on the left, bilateral pronator syndrome release, status post C6-7 fusion, bilateral C7 nerve root abnormalities (per electrodiagnostic studies), and depression. Medical records (01-22-2015 to 05-22-2015) indicate ongoing left hand pain with improvement in mood. Records also indicate that the injured worker is "feeling better since last office visit". Per the treating physician's progress report (PR), the injured worker has not returned to work. The physical exam, dated 05-22-2015, revealed bilateral cervical tenderness extending down into the trapezius muscles, diminished and painful range of motion (ROM) in the cervical spine, limited ROM in the bilateral shoulders, multiple incision scars to the forearms and wrists, pain to light touch over the second and third fingers and palmer surface of the left hand, and "exquisite sensitivity" to palpation of the tip of the left index finger. There were no detailed progress reports dated prior to 05-22-2015 available for review. Relevant treatments have included cervical surgery, bilateral carpal tunnel surgeries, psychological and psychiatric treatments, work restrictions, and medications. The PR indicates that the injured worker has been authorized for home care (4 hour per day for 4 days per week) which has provided assistance with household chores and personal hygiene. The treating physician indicates that MRI of the cervical spine (04-2015) showing multilevel disc desiccation with multiple disc osteophyte complexes (osteophyte complex at C4-5 significantly enlarged from prior MRI, indenting the spinal cord), straightening of the spinal

cord, and C5 hemangioma. The PR, dated 05-22-2015, shows that the following service was requested: continuation of outpatient home health aide (HHA) 4 hours per day, 4 days per week for 4 weeks. The original utilization review (05-21-2015) denied due to the lack of documentation that the injured worker requires specific care services supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient home health aide (HHA) 4 hours per day, 4 days a week for 4 weeks: 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: This claimant was injured in 1996 and has heart disease, hypertension, sleep apnea, complex regional pain syndrome of the left upper extremity, thoracic outlet syndrome (status post first rib resection on the right), thoracic outlet syndrome on the left, bilateral carpal tunnel syndrome with decompression times two on the right and once on the left, bilateral pronator syndrome release, status post C6-7 fusion, bilateral C7 nerve root abnormalities (per electrodiagnostic studies), and depression. The injured worker had been authorized for home care for assistance with household chores and personal hygiene. Regarding home health care services, the evidence-based guides note that 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. This claimant appears to need it for non-medical services and activities of daily living such as home chores and personal hygiene. It is not clear what medical services are being rendered. However, the guide specifically notes that 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). As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately not medically necessary.