

<b>Case Number:</b>	CM13-0020443		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

### 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 patient has a cumulative trauma injury with reported dates of injury of 06/01/2004 through 07/28/2011. The patient's primary treating diagnosis is medial epicondylitis. The diagnoses have also included chronic neck pain and bilateral carpal tunnel syndrome. The initial physician review notes that the patient underwent a carpal tunnel release more than one month ago and had complained of pain associated with carpal tunnel syndrome and a cervical strain and right medial epicondylitis. The patient was noted to be living with a significant other. That review noted that there was no rationale demonstrating an inability to perform basic activities of daily living in the absence of additional objective data. A primary treating physician supplemental report of 08/05/2013 notes that the patient had limited functional abilities which would place her at substantial risk of aggravation of her condition and therefore note that home care can be considered a form of medical treatment to relieve the affects of her work injury, noting that she had increased symptoms with setting up a pool therapy machine or bathing, dressing, hygiene, vacuuming, making the bed, or performing yard work or grocery shopping

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance four (4) hours per day, five (5) days a week for two (2) weeks, then reduced to four (4) hours per day, three (3) days a week for four (4) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on home health services, page 51, state home health services are "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." The medical records at this time do not establish a diagnosis or functional assessment data to confirm that this patient is homebound. Given the diagnoses and the reported physical examination data, a homebound status would be unusual and not supported or clearly documented. The patient therefore does not meet the criteria for home health services based on the guidelines. This request is not medically necessary.