

<b>Case Number:</b>	CM13-0024179		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Emergency Medicine 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:

The patient is a 43-year-old female, with a date of injury on 1/25/2010 from a slip and fall from water. The patient reports landing on her buttocks, injuring her back and right elbow. The last date of physical examination was on 7/23/13 by [REDACTED] (pain management). The patient reports low back, right neck, and right elbow pain. The patient was diagnosed with neck sprain/strain, right ulnar nerve neuropathy at the level of the elbow, low back pain from spinal stenosis, and depression. The report also states that patient has had debilitating headaches emanating from left upper extremity and inability to use of the left upper limb due to pain. The report also states that the patient is increasingly depressed, and also states that the patient is bedridden, and needs a psychiatric assessment. The patient is currently on oxycontin, ultram, lidoderm patches, Nucynta, Cyclobenzaprine and dendracin cream for pain. The objective exam reports cervical tenderness bilaterally, trigger point tenderness and tenderness throughout entire cervical spine, upper trapezius and medial scapular bilaterally. There is limited range of motion (ROM) of the neck. The physician reports that the right upper extremity has 4/5 strength and decrease in grip strength compared to left. There is tenderness to the right elbow, with mild swelling. The posterior lumbar exam reveals bilateral paraspinal tenderness and spasms, along with decreased ROM of the lower back. There is reported decreased sensation in the posterior lateral thigh, and right and left calves. There is radicular pain with bilateral straight leg raises. The MRI of lumbar spine from 7/25/12 reports L5-S1 2mm disc protrusion, with bilateral facet arthropathy. The electrodiagnostic studies from 3/19/12 reports L5 radiculopathy and right ulnar nerve entrapment of the right elbow. The MRI of cervical spine from 3/22/11 reports C4-5 and C6-7 R and left mild narrowing of the lateral recess. The patient has attempte

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide, two (2) hours a day for three (3) days a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints, 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 Chronic Pain Guidelines indicate that 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. 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. " As per the reviewed records, especially from ■■■■■ (Psychiatry), the patient is able to perform activities of daily living with some limitations. The patient is not homebound and the services as requested by ■■■■■ are not for medical treatment but to "cook, clean, and do other activities of daily necessity", which are classified as homemaker services, and are not included in the services of a home health aide.