

<b>Case Number:</b>	CM13-0038817		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/19/2003
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Occupational 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant has filed a claim for chronic pain syndrome associated with an industrial injury of December 19, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; a walker; long and short acting opioids; and extensive periods of time off of work, on total temporary disability. In a clinical progress note of September 10, 2013, the applicant presents with ongoing issues with knee, hip, back, and shoulder pain. She reportedly fell recently. She is using a walker to move about. Her BMI is 25. Her medication list includes baclofen, Butran, Cymbalta, heating pad, Motrin, Lidoderm, Prilosec, albuterol, Advair and Tylenol No. 4. The applicant has allodynia about the lower extremities. She is moving about with a walker. Medications are refilled. The applicant is placed off of work, on total temporary disability. Home health care assistance is sought to help with bathing, food preparation, feeding, grooming, housework, transportation, and assistance with activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care (8 hours a day, 5 days a week): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The services being sought by the attending provider, specifically assistance with cooking, cleaning, transportation, bathing, housework, food preparation, etc., are services which are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, when this is the only care required. Accordingly, the request remains noncertified, on Independent Medical Review.