

<b>Case Number:</b>	CM13-0041120		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. 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 Illinois and Texas. 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. 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 patient is a 49-year-old female who reported an injury on 06/24/2011. The mechanism of injury was not provided. The patient was noted to undergo a flexor tenosynovectomy, carpal tunnel release, limited internal neurolysis and magnification of the median nerve on 08/13/2013. The patient was noted to be status post right shoulder scope with a rotator cuff repair, SAD, and Mumford procedure on 07/18/2012. The patient's diagnosis was noted to be carpal tunnel syndrome. The request was made for home health care to include house work, doing dishes, preparing meals, doing laundry, and driving safely. This request appears to have been made on 01/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Home Care assistance 3 days a week for 5 hours per day; qty 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule MTUS, 2009, Chro.

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

**Decision rationale:** CA MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to

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. The clinical documentation dated 01/04/2013 revealed the patient would need assistance postoperatively with activities of daily living including housework, doing dishes, preparing meals, doing laundry, and it was noted the patient was unable to drive due to ongoing use of prescription medication as well as right shoulder pain and right wrist pain with numbness and tingling, weakness, and limited motion. This was noted to be postsurgical and it was indicated the patient would need help between 12/28/2012 and 02/01/2013. There was no documentation indicating the patient would have a necessity for medical treatment. Additionally, it failed to provide the patient was noted to be home bound. Given the above and the lack of documentation, the request for home care assistance 3 days a week for 5 hours per day, quantity 6 is not medically necessary.