

<b>Case Number:</b>	CM13-0044722		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/25/1995
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/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 injured worker is a woman with a date of injury of 1/25/95. She has a history of Cushing's syndrome, fibromyalgia, depression with anxiety and chronic pain syndrome involving her neck, shoulder, back and extremities. The available records do not document a physical exam nor detail her current functional status or the need for a home health aide for 25 hours per week for three months which is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide, 25 hrs a week for 3 months for chronic pain of cervical spine and multiple body parts:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (CMS 2004).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 51 Page(s): 51.

**Decision rationale:** This injured worker has chronic pain syndrome. The available records do not document difficulty with transfers, bathing and dressing and the request is for home health assistance services at 25 hours per week for three months. 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 available records do not substantiate that she is homebound nor support the medical necessity for home health assistance services requested. The need for a home health aide for 25 hours per week for three months nor do they substantiate her homebound status. Therefore, the request is not medically necessary.