

<b>Case Number:</b>	CM13-0057118		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and Rehabilitation & Pain and Management, and has a subspecialty in Interventional Spine 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 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 patient is a 52 year old female with date of injury of 06/15/2000. The listed diagnoses per [REDACTED] dated 11/04/2013 are: 1. Status post right elbow surgery, Medical Epicondylectomy and Ulnar Nerve Decompression 2012 2. Status post bilateral wrist Carpal Tunnel Release, 2010 for the right and 2011 for the left 3. Bilateral forearm/wrist tendinitis and right thumb trigger finger 4. Right shoulder strain/impingement 5. Psychiatric complaints 6. Cervical/Trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis with MRI dated 11/23/2012 revealing mild neuroforaminal stenosis at C3-C4 and C5-C6 with a 2mm disc protrusion at C4-C5 with osteophyte 7. Thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis According to progress report dated 11/07/2013 by [REDACTED], the patient states that her right thumb improved with trigger thumb injection. She complains of right shoulder pain with popping and clicking. She also complains of neck pain radiating to the right and left elbow with numbness and tingling. She takes Norco, Fexmid, Celbrex and Lidoderm patch. An objective finding of the cervical spine reveals tenderness to palpation over the paraspinal musculature and trapezius muscles. Compression test is positive on the right upper extremity. There is decreased sensation in the right C5 nerve root distribution. Right shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Cross Arm test and Impingement test is positive. The treater is requesting home health assistance for 4 hours a day, 3 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1. Home health care 4 hrs/day x 3 days/week x 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Medicare Coverage of Home Health Care

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

**Decision rationale:** This patient presents with neck, shoulder and right thumb pain. The treater is requesting home health assistance for 4 hours a day, 3 times a week for 6 weeks to assist with cooking, cleaning, grocery shopping, etc. MTUS p51 on Home Health Services recommends this service for patients who are home-bound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. This patient is not post-op with elbow surgery from 2 years ago. The treater does not provide why this patient is not able to care for herself other than due to pain. Given that medical treatment services do not include what is asked by the treater, recommendation is for denial.