

<b>Case Number:</b>	CM13-0068146		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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 46-year-old male who reported injury on 03/15/2004. The mechanism of injury was the injured worker and another coworker were in the process of using a post digging machine to dig a hole when the machine suddenly struck a cable causing it to lock up. The injured worker and his coworker were violently thrown clear of the area. The injured worker opined he was thrown approximately 13 feet and landed against a wall striking his right arm. The documentation of 11/13/2013 revealed the injured worker's condition was stable. The injured worker indicated that the medications including Vicodin 7.5 mg 2 to 3 times per day, naproxen 550 mg 2 to 3 times per day, Robaxin 750 mg 4 times a day and Zantac 150 mg 2 per day allowed him to perform home exercise and perform activities of daily living. Additionally, the injured worker indicated his pain was a 4/10 with medications and 9/10 without medications. The objective examination revealed tenderness to palpation over the extensor tendon and lesser over the flexor tendon. The range of motion of the left wrist was decreased. The examination of the left wrist revealed mild swelling. The diagnosis included left wrist dorsal ganglion cyst with tenosynovitis and dynamic carpal tunnel syndrome and right shoulder, right knee and right wrist, and bilateral elbow symptoms unchanged/not evaluated. The treatment plan include reviewed valid medical marijuana certified; it was indicated the injured worker had an adequate supply of medications, the request was for a random urine drug screen and authorization for home health care assistance of 4 hours per day for 1 week as recommended per the Agreed Medical Evaluator for assistance with household cleaning activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 4 HOURS A DAY, 1 DAY PER WEEK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** The California 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 submitted for review indicated the request was due to household cleaning activities. There is lack of documentation indicating the injured worker was homebound and was in need of medical treatment to support the necessity. The request as submitted failed to indicate the duration for the requested service. Given the above, the request for home healthcare 4 hours a day 1 day per week is not medically necessary.