

<b>Case Number:</b>	CM13-0071359		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/25/1997
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 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 64-year-old female who reported injury on 07/25/1997. The mechanism of injury was not submitted for review. The medical records were reviewed. The injured worker had diagnoses of chronic pain, osteoporosis, secondary diabetes mellitus, unspecified hyperthyroidism and insomnia. Past medical treatment consists of physical therapy, use of a TENS unit, massage and medication therapy. Medications include Butrans, Alendronate, Levothyroxine, Lisinopril, HCTZ, Metformin, Zolpidem, Tramadol, Percocet, Diphenhydramine and Xopenex. No diagnostics were submitted for review. On 05/22/2014, the injured worker stated that the use of TENS unit and massage helped manage pain levels along with medication. It was noted on physical examination that the injured worker was alert and well oriented. There were no pertinent findings regarding range of motion, sensory deficits or motor strengths. The treatment plan is for the injured worker to have additional home health care assistance. The rationale was not submitted for review. The Request for Authorization form was submitted on 11/26/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Home Health Assistance, 16 Hours per week for 4 Weeks for Symptoms Related to the Neck, Upper Back, Lower Back and Bilateral Upper and Lower Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Cervical and Thoracic Spine

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

**Decision rationale:** The request for continued home health assistance, 16 hours per week for 4 weeks is not medically necessary. The California MTUS Guidelines state home health services are recommended only for patients who are home bound 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 submitted documentation lacked any indication to warrant the request for a home health care. There was no evidence submitted showing that the injured worker was homebound, in need of assistance with bathroom, bathing or dressing. The provider also failed to provide a rationale for the request. Given the above, the injured worker is not within the recommended guidelines. As such, the request for additional 16 hours per week of home health assistance is not medically necessary.