

<b>Case Number:</b>	CM13-0071375		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/26/2013
<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 Family Practice, 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 patient is a 33-year-old female who reported an injury on 8/14/10. The mechanism of injury was trying to use a bar box lever used to open cell doors. The clinical note dated 10/22/13 notes that the patient was complaining of pain in her hands bilaterally, wrists bilaterally, forearms bilaterally, upper arms, and shoulders on both sides, all the way to her neck. She is still having headaches. The patient tested positive bilaterally for the Finkelstein's test. Tinel's test is positive at both wrists for carpal tunnel and positive at both elbows for ulnar nerve entrapment. There was tenderness noted upper arms bilaterally. There was paracervical tenderness noted from C2 to C7 to T1. There was prothoracic tenderness from T1 to T12 to L1. There was paralumbar tenderness noted from L1 to L5 and S1 with some thoracic and lumbar spasm present. There was bilateral sacroiliac and trochanteric tenderness noted. Extension is noted at 10 degrees. Anteflexion of the head and neck allows for 20 degrees of flexion. Rotation to the left is 45 degrees, and to the right is 60 degrees. Lateral flexion to the left is 10 degrees, and to the right is 10 degrees. Anteflexion of the trunk on the pelvis allows for 50 degrees of flexion. The treatment plan included the patient beginning yoga therapy at the end of the month. She will wait until March 2014 to follow-up with [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IN-HOME HEALTH CARE ASSISTANCE FOUR HOURS PER DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS recommends home health services for medical treatments for patients who are homebound, on a part time or intermittent basis, generally up to no more than 34 hours a week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation provided for clinical review does not state that the patient is homebound on a part time or intermittent basis, does not cover the patient needing help medically. Therefore, the request for in-home health care assistance four hours per day does not meet California MTUS guidelines. Therefore, the request is non-certified.