

<b>Case Number:</b>	CM14-0003010		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	12/18/2002
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Medicine and is licensed to practice in Utah. 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 and the patient's date of injury is 12/18/2002. The mechanism of injury was a slip and fall, with ladder in hand. The patient has been diagnosed with Right wrist Scapholunate disassociation, status post carpal tunnel release, shoulder impingement, anxiety, depression, hypertension, osteoporosis, paraplegia?, lack of sleep. The patient's medications have included, but are not limited to, Metro-gel, Multivitamin, Klonopin, Calcium, Vit D, Mineral Oil, Xopenex, Prep H, and Advair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH CARE 24 HOURS A DAY, 7 DAYS A WEEK FOR 9 WEEKS:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines state that's home health services are recommended as treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 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. According to the clinical documentation provided, current diagnosis (the patient is homebound) and current MTUS guidelines; Home Health-care is indicated as a medical necessity to the patient at this time.