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| <b>Case Number:</b>   | CM14-0005415 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 06/22/2003 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 01/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2014 |

### 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 Occupational Medicine, 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 66-year-old female who has submitted a claim for complex regional pain syndrome of lumbosacral spine, chronic pain syndrome, and reflex sympathetic dystrophy of the lower limb associated with an industrial injury date of June 22, 2003. Medical records from 2012-2013 were reviewed showing the patient having lumbar spine, leg, and foot pain rated at 8/10. The pain radiates to the left hip, left, foot, and 4th and 5th toes. Physical examination showed right shin and lumbar spine tenderness and swelling. There were noted varicosities. Bracelet sign was positive, greater than the left. Treatment to date has included medications, physical therapy, activity modification, and pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HELATH AIDE 6 HOURS/DAY, 5 DAYS/WEEK X 12 WEEKS; RN EVAL PRIOR TO THE END OF CARE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for otherwise recommended medical 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. In this case, a home health aide (HHA) was provided to the patient since September 2012. The rationale given for this service was not documented. There was also no record of any evaluation report that would show evidence of the need for continued home health aid. Progress notes also failed to document findings that would substantiate that the patient is truly homebound. Furthermore, there is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. As such, the request is not medically necessary.