

<b>Case Number:</b>	CM14-0007961		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/11/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Anesthesiology, and is licensed to practice in Tennessee. 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:

This is a 34-year-old female patient with a 11/11/12 date of injury. 10/8/14 progress report indicates frequent neck pain, radiating to bilateral upper extremities, and occasional low back pain. Physical exam demonstrates spasms, tenderness, numbness and pain in the radial 3 digits, positive Spurling's test, decreased strength in the wrist extensors and wrist flexors. Treatment to date has included acupuncture, medication, activity modification. 12/10/14 progress report indicates frequent neck pain, bilateral shoulder pain, and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH AIDE 4 HOURS A DAY 5XWK X 4WKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Home Health Services.

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

**Decision rationale:** CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. However, there is no

evidence that the patient is home-bound or would require medical care rendered in a home setting. 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. Therefore, the request for a home health aide 4 hours a day 5 times a week times 4 weeks was not medically necessary.