

<b>Case Number:</b>	CM14-0008216		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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, has a subspecialty in Pain Management 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 39-year-old female patient with a 2/4/10 date of injury. 12/19/13 A progress report indicates persistent right upper extremity pain, remarkably improved, as well as numbness. There was no change in the patient's functional use of the right arm. The patient continued to require help for activities of daily living. The patient reported increased spasticity with the cold weather. A physical exam demonstrates decreased sensation in the bilateral upper and lower extremities, right hemiparesis, and inability to balance and walk. Discussion identifies that the patient requires a caregiver to assist with activities of daily living, identified on 9/13/13 as housework, errands, and laundry. There is documentation of a previous 1/15/14 adverse determination for lack of a change in the patient's functional status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caregiver 4 hours per day x 2 days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS states 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. However, there is no evidence that the patient is homebound 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. Yet, a 9/13/13 medical report identifies that a caregiver is requested for housework, errands, and laundry. Therefore, the request for a caregiver 4 hours per day x 2 days a week is not medically necessary.