

<b>Case Number:</b>	CM14-0112852		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/01/2003
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation, 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:

Medical records reflect the claimant is a 37 year old female who sustained a work injury on 11-1-03. On 5-20-14, the claimant reports low back pain and left leg pain. The claimant is treated with medications. The claimant had a UDS o 4-29-14 and her test was inconsistent with the medications provided. On 6-9-14, the claimant shoulder pain. She has been provided with a diagnosis of "RSD". On exam, the claimant had functional use of both upper and lower extremities. There were not temperature or color changes on exam. She had soft tissue swelling to the left lower extremity due to recent trauma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health aide 6 hours per day/ 5 days per week:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - home health services.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes 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. 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. Medical Records reflect this claimant is able to ambulate. The claimant had functional use of both upper and lower extremities. Her physical exam does not support that this claimant has a diagnosis that requires home health services. There is an absence in documentation noting that this claimant is home-bound. Therefore, the medical necessity of this request is not established.