

<b>Case Number:</b>	CM14-0120716		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/21/1999
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 & Rehabilitation 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:

According to the records made available for review, this is a 66-year-old female with a 5/21/99 date of injury. At the time (7/22/14) of request for authorization for Home Health Aide Services 4 hours per week for 5 days per week, there is documentation of subjective (neck pain radiating down both upper extremities with numbness bilaterally as well as headaches) and objective (tenderness and rigidity of posterior cervical muscles, tenderness over the lumbar musculature bilaterally, decreased range of motion in lumbar area with extension limited to 10 degrees, decreased range of motion of the right shoulder with abduction to around 80 degrees, decreased strength in the right upper extremity, decreased sensation in right upper extremity and lateral forearm) findings, current diagnoses (right shoulder internal derangement, lumbar myoligamentous injury, and cervical spinal stenosis with bilateral upper extremity radiculopathy), and treatment to date (home exercise program, physical therapy, and medications (including onoin treatment with muscle relaxants)). Medical report identifies that the patient requires assistance to perform most self-care tasks including bathing, dressing and needs assistance with meal preparation and cleaning. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide Services 4 hours per week for 5 days per week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of right shoulder internal derangement, lumbar myoligamentous injury, cervical spinal stenosis with bilateral upper extremity radiculopathy. In addition, there is documentation that the patient is homebound on a part-time or intermittent basis. However, There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed). Therefore, based on guidelines and a review of the evidence, the request for Home Health Aide Services 4 hours per week for 5 days per week is not medically necessary.