

<b>Case Number:</b>	CM14-0183349		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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, has a subspecialty in Pain 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:

This is a patient of the date of injury of October 15, 2010. A utilization review determination dated October 17, 2014 recommends non certification for home care. A progress report dated May 13, 2014 identifies subjective complaints of minimal wrist and hand pain. Objective examination findings reveal full range of motion in the shoulders, full range of motion in the elbows, and limited range of motion in the wrists. There is also decreased strength in the upper extremities bilaterally. Diagnoses include overuse syndrome of bilateral lower extremities, peristaltic syndrome of upper extremities, and moderate bilateral median nerve compression. The treatment plan recommends a topical compound medication and obtaining the AME report. The note states that the patient may return to modified work lifting up to 5 pounds with a 10 minute break per hour.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care Services for Assistance with Activities of Daily Living:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Home health services Page(s): 51 O.

**Decision rationale:** Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.