

<b>Case Number:</b>	CM14-0033299		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 50 year-old female was reportedly injured on February 3, 2005. The most recent progress note, dated January 6, 2014, indicates that there were ongoing complaints of right shoulder and right upper extremity pain. It is noted that the right upper extremity pain that travels intervertebral back and right lower extremity and involve the knee. The physical examination demonstrated a decrease in shoulder range of motion, a full range of motion of the bilateral elbows although tenderness is palpable, and a full range of motion of the bilateral wrists also noted to be tender with a slight effusion. Motor and reflexes are normal with the current sensation in the right hand. Diagnostic imaging studies objectified were not noted in this narrative. Previous treatment includes multiple medications, physical therapy, and pain management interventions. A request had been made for health assistance and was not certified in the pre-authorization process on February 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health assistance 3 days per week, 4 hours a day:** Upheld

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

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

**Decision rationale:** MTUS guidelines support home health services for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, and 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 is given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed. As such, this request is not supported by the treatment guidelines and therefore is not considered medically necessary.