

<b>Case Number:</b>	CM14-0035072		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/11/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Occupational 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:

The patient is a 51 year-old female with date of injury 07/11/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/06/2014, lists subjective complaints as ongoing pain in the neck and right upper extremity. Objective findings: Examination of the upper right extremity revealed decreased range of motion in all planes with pain. Right shoulder cross arm test was positive. In an orthopedic note dated 02/04/2014, shoulder range of motion testing on the left showed that the patient retained the 72% or more range of motion in the 6 planes tested. The elbow and wrist range of motion testing was normal on the left. Strength exam was 4/5 on the left in the C5-T1 myotomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care assistance for home care services, (3) hours per day, (5) days per week:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home Health Services, Shoulder Disorders, Knee & Leg (Acute & Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.

**Housekeeping services (4) hours per day, once a week:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home Health Services, Shoulder Disorders, Knee & Leg (Acute & Chronic), Low Back - Lumbar &.

**Decision rationale:** As stated above, the Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Housekeeping services are not medically necessary.