

<b>Case Number:</b>	CM14-0037300		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 64-year-old with a reported date of injury of 08/31/2009. The patient has the diagnoses of bilateral first carpometacarpal joint degenerative arthritis, left ring trigger finger, carpal tunnel syndrome with previous carpal tunnel release, depression, anxiety, sleep disturbance and chronic low back pain with L-3-4-5 posterior fusion. Treatment modalities have included surgery, physical therapy, epidural injection, aquatic therapy, psychiatric care and medication. The most recent progress reports per the primary treating physician dated 01/25/2014 states the patient continues to have persistent low back pain. The pain is rated a 9/10. Physical exam showed decreased range of motion in the lumbar spine with paraspinal tenderness to palpation. The bilateral wrist and hand examinations showed decreased grip strength on the right, thenar atrophy bilaterally with positive Phalen's sign and median nerve compression test bilaterally as well. Treatment plan consisted of referral to pain management as well as referral to spine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 home health care 4 hours a day 7 days a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator based its decision on the Non-MTUS Medicare Benefits Manual, Chapter 7- Home Health Services (Home Health Aide Services).

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines addresses home health services as follows: Recommended only for otherwise recommended medical treatment for patients who are homebound, 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. (CMS, 2004). There is no documentation supporting that the patient meets these criteria and thus the services are not medically necessary.