

<b>Case Number:</b>	CM14-0050938		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Arizona. 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 injured worker is a 55-year-old female with a date of injury on 3/1/2006. She has right shoulder and right hand pain and uses multiple medications for reflex sympathetic dystrophy of the right arm. She has been diagnosed with anxiety and insomnia. Her two sons live with her and assist her in the home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care, 4 hours per day for 3 days a week for tasks such as grocery shopping, food prep, and housecleaning:** 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 Page(s): 51.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommends home health services for the homebound for 'part time' or on an intermittent basis for no more than 35 hours per week. Services not included are items such as laundry, cleaning and shopping or food preparation. Given these are the services requested, medical necessity is not met per the guideline.

