

<b>Case Number:</b>	CM14-0058521		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/17/2006
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Texas. 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 61 year old female who reported an injury on 03/17/2006 to her shoulder, elbows, and neck. The injured worker reported stiffness in the neck two to three times each week with associated numbness and burning. The injured worker was treated for anxiety. A clinical note dated 07/12/07 indicated the injured worker complaining of depressive like symptoms. The injured worker was being treated for psychological treatment. A clinical note dated 08/24/13 indicated the injured worker complaining of cumulative trauma injuries to her shoulders, wrists, and thumbs. The injured worker had new pathology at the right shoulder requiring surgeries in 2009 and 2012 after a fall. A diagnosis of tendinitis at the right shoulder was documented. A clinical note dated 02/14/14 indicated the injured worker utilizing extensive list of pharmacological interventions. The utilization review dated 04/03/14 resulted in denial for home healthcare as no information was submitted regarding current living situation, or the injured worker being homebound would seem to be an objective functional limitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 4 hours/day x 6 weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 43.

**Decision rationale:** The injured worker had extensive medical involvement including multiple cumulative injuries at several areas. The use of a home health aide is indicated for injured workers who require skilled nursing, with significant functional deficits who are homebound with no other support services available. No information was submitted regarding current home status including additional family members or significant functional deficits requiring home health services or need for skilled medical services. Therefore, this request is not indicated as medically necessary.