

<b>Case Number:</b>	CM14-0075115		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/20/1999
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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:

Injured worker is a female with date of injury 8/20/1999. Per primary treating physician's progress report dated 3/4/2014, the injured worker has noted improvement in the left small finger locking following the injection on her previous visit. She has continuing complaints of pain and locking of the right index finger. She is requesting an injection. On examination of the right index finger, there is thickening and tenderness of the A1 pulley. Active triggering is noted. Diagnoses include 1) left small and right index finger flexor tenosynovitis 2) bilateral knee patellofemoral arthrosis 3) recurrent tear, right rotator cuff 4) status post left knee arthroscopy 5) status post bilateral carpal tunnel release 6) multilevel herniated nucleus pulposus, lumbar spine, with facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health care 2 days/week, 4 hours/ day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise 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. This request is for homemaker services and not for medical treatment. The requesting physician states that the injured worker requires continued home health care assistance, 2 days per week, 4 hours per day. The nature of this home health care assistance is not explained. She is receiving pain management from another physician. There are no medical treatments described that required home health care. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Home Health care 2 days/week, 4 hours/ day is determined to not be medically necessary.