

<b>Case Number:</b>	CM14-0081286		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/18/2000
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 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 injured worker is a 50-year-old male who reported an injury on 05/18/2000. He worked as an electrician when he was involved in an electrical injury that resulted in the loss of both of his upper extremities. He has had left residual limb that extends just beyond the elbow joint and the right is an above-the-elbow amputation. The injured worker's treatment history included epidural injections, amputation, MRI, and medications. The injured worker was evaluated on 04/04/2014, it was documented that he complained of pain of his low back. He has had no recent falls. The pain was rated at 2/10 to 3/10 on the pain scale. He was still getting out and about, doing reasonably well, except for the pain that has started to resurface. He would like to get another injection. It was noted that he was probably going to need new arm prosthesis because the parts are wearing out. Physical findings lower extremities he had positive straight leg on the right and gait was stable. Medications included Gabapentin 300 mg, Hydrocodone, Levothyroxine, Lisinopril, Metoprolol Succinate, and Prevacid. Diagnoses included status post electrical injury with amputation of the right arm just below the proximal humerus; status post electrical injury with amputation of the left arm just below the elbow; left elbow callus formation, stable; chronic back pain; chronic opiate use; and progression of previously diagnosed L5-S1 disc herniation with more prominence on the right paracentral with some prominent effacing of the thecal sac and the right L5 nerve root. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HHC - Home Health Aide:** 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 requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, 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, laundry, and personal care given by home health aides, like bathing, dressing, and using the bathroom when this is the only care needed. The request failed to indicate frequency and duration of home care visits. The documents provided on 04/04/2014, lacks of documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no rationale given why the injured worker is requesting for Home Health Care. Given the above, the request for home health aide is not medically necessary.