

<b>Case Number:</b>	CM14-0082647		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 59-year-old female who has submitted a claim for sprain of neck, carpal tunnel syndrome, and trigger finger (acquired) associated with an industrial injury date of March 8, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of persistent neck pain that radiates to mid back with tingling sensation and thoracic and lumbar pain with radiation to the right lateral rib cage. Examination showed cervical spine pain and spasm with a range of motion of 45/45/60/60/25/25. There were bilateral upper extremity myofascial trigger points. The exam for the thoracic spine revealed tenderness and spasm of the paraspinal muscles, and range of motion of flexion 44 degrees, right and left rotation 18 degrees. Treatment to date has included right shoulder arthroscopy, carpal tunnel release, and as needed pain medications. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility. Utilization review from May 11, 2014 denied the request for home care assistance 4 hours/day 3 days/week x 6 weeks because the assistance was being sought for aid with cooking, cleaning, laundry, etc. which are not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care Assistance 4 hours/day 3 days/week x6 weeks: Upheld**

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

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

**Decision rationale:** According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are 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. In this case, the patient requested for home care assistance 4 hours/day 3 days/week x 6 weeks to assist with cooking, cleaning, laundry, etc. Although the time requested per week is within the guideline prescriptions, the reason for home health care, which is assistance with cleaning, cooking and laundry are not supported. Furthermore, recent progress notes did not elaborate on the patient's current functional status, restrictions, and abilities. Therefore, the request for home care assistance 4 hours/day 3days/week x 6 weeks is not medically necessary.