

<b>Case Number:</b>	CM13-0041210		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	01/05/2001
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Internal Medicine, has a subspecialty in Hospice Palatable Medicine, and is licensed to practice in Pennsylvania. 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 67-year-old woman with a date of injury of 01/15/2011. An AME supplemental report dated 10/19/2010 and a psychiatric AME report dated 01/10/2013 identified the mechanism of injury as a malfunction in a machine the worker was using that caused her body to be thrust backward several feet, resulting in pain throughout the worker's body. An AME supplemental report dated 10/19/2010 and a psychiatric AME report dated 01/10/2013 indicated the worker was experiencing pain in the shoulders, neck, back, legs, wrists, elbows, fingers, behind the ears, eyes, and teeth, as well as problems with focus and forgetfulness. More recent clinical records were not submitted for review. Documented examinations described a shuffling walking pattern, non-verbal signs of pain, flattened affect, and dysthymic mood. The submitted and reviewed documentation concluded the worker was suffering from degenerative disease of the cervical and lumbar spine and depressive disorder with anxiety. Treatment recommendations included a functional capacity analysis, a functional restorative program that starts inpatient with transition to the outpatient setting, psychiatric medication, and psychiatric specialist monitoring. A Utilization Review decision was rendered on 09/14/2013 recommending non-certification for an indefinite number of hours of home health aide services from 08/12/2013 through 08/23/2013. A psychiatric AME supplemental note dated 10/23/2012 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE DOS: 8/12/13 THROUGH 8/23/13: 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 Home Health Services Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The submitted and reviewed documentation the worker was suffering from degenerative disease of the cervical and lumbar spine and depressive disorder with anxiety. The most recent submitted records were dated 01/10/2013. There was no indication the worker was homebound, even intermittently. There was no discussion suggesting extenuating circumstances that would support the request for these services or the need for an indefinite number of service hours. In the absence of such evidence, the current request for an indefinite number of hours of home health aide services from 08/12/2013 through 08/23/2013 is not medically necessary.