

<b>Case Number:</b>	CM14-0189858		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	09/18/1991
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Internal Medicine, has a subspecialty in HPM 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 57-year-old woman with a date of injury of 09/18/1991. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/26/2014 and 10/15/2014 and a procedure note dated 10/17/2014 indicated the worker was experiencing pain progressing to total body pain after an injury on 09/22/2014 despite increased pain medications. Documented examinations consistently described tenderness in the neck and hands; hypersensitivity to touch in the shoulders, neck, and legs; difficulty moving the left ankle; equinovarus ankle positioning despite bracing; and a tearful affect. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, chronic regional pain syndrome, an abnormal walking pattern, left hip pain, myalgias, muscle spasms, anxiety and depression, spinal spondylosis, joint contractures, sciatica, and pelvic imbalance. Treatment recommendations included oral, topical, and intrathecal (spinal) pain medications, physical therapy, chiropractic care, follow up care, and an increase in caregiver services from twelve to forty-nine hours weekly. A Utilization Review decision was rendered on 10/15/2014 recommending non-certification for home health aide/CNA services for seven hours daily for seven days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide/CNA, 7 hours per day x 7 days: 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 worker must have a skilled need, not just require homemaker assistance. The submitted and reviewed documentation indicated the worker was experiencing total body pain and concluded the worker was suffering from chronic pain syndrome, chronic regional pain syndrome, an abnormal walking pattern, left hip pain, myalgias, muscle spasms, anxiety and depression, spinal spondylosis, joint contractures, sciatica, and pelvic imbalance. The worker was receiving home health services for twelve hours weekly. There was no discussion suggesting the worker was homebound, had an unmet skilled medical need, or extenuating circumstances that would sufficiently support the need for increased services. In addition, the number of service hours requested exceeds the maximum recommended by the Guidelines when a need is present. For these reasons, the current request for home health aide/CNA services for seven hours daily for seven days is not medically necessary.