

<b>Case Number:</b>	CM14-0050626		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 41-year-old female, who sustained an industrial injury on October 6, 2010. She has reported while working on a fast line looking at the bottom of cans she felt a pop in her left wrist and had immediate pain. The diagnoses have included cephalgia and dizziness, left hemihypoesthesia, left arm reflex sympathetic dystrophy, left TMJ pain, pain at the left shoulder, left elbow, both wrists and right hand, emotional distress, sleep disturbance, cognitive impairment, sexual dysfunction and weight gain. Treatment to date has included Non-steroidal anti-inflammatory drug, muscle relaxants, pain medication, electromyogram and nerve conduction study, radial nerve decompression on October 7, 2011, multiple stellate blocks and some sort of cervical injection. Currently, the injured worker complains of headaches, dizziness, tinnitus, TMJ pain and left upper extremity abnormalities, radiculopathy, cognitive impairment, emotional distress and sleep disturbance. In a progress note dated January 23, 2014, the treating provider reports the neurological examination, posture and gait, spine and extremities revealed some abnormalities. On March 20, 2014 Utilization Review non-certified a home health care-home health aide four hours a day for one month, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care-Home Health Aide 4 hours a day for 1 month: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health care services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home healthcare-home health aide four hours a day for one month is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are cephalgia and dizziness; left hemihypoesthesia; left arm RSD; left TMJ pain; pain left shoulder, left elbow, both wrists and right hand; emotional distress; sleep disturbance; cognitive impairment; sexual dysfunction; and weight gain. Home health services include medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound). Confinement to the home is a prerequisite to home healthcare services. This injured worker is not home bound. Physical examination, January 23, 2014 progress note shows the injured worker has a normal gait and is ambulatory. The worker does not have a documented skilled nursing need. Although the injured worker may have difficulty performing tasks associated with activities of daily living, she does not qualify for home health aide/home health care. Additionally, there is no documentation demonstrating justification for home health services with objective deficits and specific activities precluded by these deficits, expected kinds of services required and an estimate of the duration and frequency for those services. The documentation does not state the level of expertise and professional qualification required. Consequently, absent clinical documentation of home confinement with the appropriate justification documentation, home healthcare-home health aide four hours a day times one month is not medically necessary.