

<b>Case Number:</b>	CM15-0142581		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/08/1997
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial injury on 05-08-1997. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05-20-2015 the injured worker has reported bilateral shoulder pain. The injured worker was noted to have limited function around the house. On examination the shoulder range of motion was deferred due to discomfort. Cervical spine was noted to have full range of motion with pain on flexion. There was paraspinal muscle spasms noted bilaterally. The diagnoses have included DeQuervain's disease, arm pain, elbow joint pain, joint wrist pain, shoulder pain and status post right nephrectomy. Treatment to date has included trigger point injections, right shoulder repair 09-12-2012, physical therapy and medication. The provider requested Home Health, 5 times weekly for 5 hrs. Daily pain upper arms, indefinite time frame the medication list includes Norco, Oxycontin, Trazodone and Xanax. Per the note dated 7/8/15 the physical examination revealed limited range of motion and tenderness on palpation of bilateral knee, normal gait, normal strength and sensation and reflexes. The patient's surgical history includes two shoulder surgeries in 2012 and right nephrectomy 32 years ago. Per the note dated 7/8/15 the patient had complaints of neck pain radiating to bilateral shoulders. Physical examination of the cervical spine on 3/20/15 revealed tenderness on palpation, muscle spasm, full ROM, normal gait and strength. Patient had received trigger point injections for this injury. The patient had received an unspecified number of PT visits for this injury. The patient has had a MRI of the shoulder that revealed tendinosis. The patient has had UDS on 2/20/13 that was consistent.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health, 5 times wkly for 5 hrs daily, pain Upper Arms, indefinite timeframe:** 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 Page 51 Home health services.

**Decision rationale:** Per the CA MTUS guidelines cited below, regarding home health services: "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". Physical examination of the cervical spine on 3/20/15 revealed, full ROM, normal gait and strength evidence of recent surgery was not specified in the records specified. Significant functional deficits that would require Home health care, for an extended period of time, were not specified in the records provided. Documented evidence that she was totally homebound or bedridden, for an extended period of time, is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The number of weeks of the requested home health care was not specified in the request. The request for Home Health, 5 times wkly for 5 hrs daily, pain Upper Arms, indefinite timeframe is not medically necessary or fully established in this patient.