

<b>Case Number:</b>	CM15-0145976		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 57-year-old woman sustained an industrial injury on 1-30-2014. The mechanism of injury is not detailed. Diagnoses include pubic superior and inferior ramus fracture, left distal humerus fracture, cervical spine sprain-strain, peripheral neuropathy, bilateral shoulder sprain-strain rule out internal derangement or impingement, bilateral hand sprain-strain rule out tendonitis an carpal tunnel syndrome, right wrist sprain-strain, lumbar radiculopathy due to herniated disc, renal failure, anxiety, depression, gastritis, and thoracic spine compression fracture. Treatment has included oral medications, use of a wheelchair, and acupuncture. Physician notes on a PR-2 dated 6-9-2015 show complaints of constant low back pain with radiation to the bilateral legs with numbness, neck pain and stiffness with radiation to the bilateral shoulders with weakness and numbness and to the head with headaches, and shortness of breath. Recommendations include MRIs of the cervical, thoracic and lumbar spine as well as the pelvis and sacrum, stop acupuncture, topical analgesic creams, home health aide, electromyogram and nerve conduction studies of the bilateral lower extremities, psychosocial evaluation, internal medicine consultation and evaluation, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 4 hours a day 7 days per week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

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

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for homemaker services and not for medical treatment. The primary physician does not state what the injured worker's ability to care for herself is at this point and whether or not she has family members to assist her. In addition, she is not in need of specialized medical care. The request for home health aide 4 hours a day 7 days per week is determined to not be medically necessary.