

<b>Case Number:</b>	CM15-0163897		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/08/2007
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, New York, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 8, 2007. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for a home health aide. The claims administrator referenced an RFA form received on July 14, 2015 and an associated progress note of July 7, 2015 in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of neck, upper extremity and back pain, 7/10 on average versus 3-4/10 with medications. The applicant was on Paxil for depression and anxiety, it was reported. The applicant denied any suicidal or homicidal ideation. The applicant was using BuTrans, Lidoderm patches, Paxil, and Relafen, it was stated toward the middle of the note. The applicant exhibited well-preserved, 5/5 upper extremity motor function. The applicant was able to ambulate without the aid of any assistive devices, the treating provider reported. Multiple medications were renewed. Additional cognitive behavioral therapy was sought. The applicant was asked to try to perform home exercises. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. There was no mention of the need for a home health aide on this date. On July 7, 2015, the applicant was described as having ongoing issues with depression and anxiety. Cognitive behavioral therapy was endorsed. On June 4, 2015, the applicant reported ongoing issues with chronic neck pain, upper back pain, low back pain, anxiety, and depression. The applicant's anxiety and depression were at times interfering with her ability to attend office visits, it was reported. The applicant had tested positive for marijuana in April 2015, it was reported. Multiple medications were renewed. The applicant's gait was not described on this date. A progress note

of March 2, 2015 likewise made no mention of the need for a home health aide. The applicant was able to do housework and cooking, it was stated in one section of the note. The applicant exhibited normal muscle tone about the upper and lower extremities and exhibited an antalgic gait but was apparently not using a cane or other assistive device.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health aide:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** No, the request for a home health aide was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatments did not include homemaker services like housekeeping, cooking, cleaning, shopping, and assistance with activities of daily living when this is the only care needed. Here, multiple progress notes, referenced above, failed to clearly outline what home health services were being proposed. It did not appear, however, that the applicant was homebound or that the applicant was unable to attend outpatient office visits of her own accord. The applicant was described on August 18, 2015 as exhibiting 5/5 motor function about the upper extremities and was apparently ambulating without an assistive device. The applicant's ambulatory status, thus, effectively argued against her being homebound and seemingly obviated the need for any kind of home health services. The treating provider, as noted above, did not outline what services he intended for the home health aide to deliver. Therefore, the request is not medically necessary.