

<b>Case Number:</b>	CM15-0201796		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 71 year old female sustained an industrial injury on 6-16-03. Documentation indicated that the injured worker was receiving treatment for moderate to severe cervical stenosis, cervical pseudoarthrosis and lumbar spine facet arthropathy. Previous treatment included cervical fusion (2013), 3 right carpal tunnel release surgeries, left carpal tunnel syndrome release, left elbow surgery (2003), right shoulder surgery (2005), physical therapy, acupuncture, aqua therapy, lumbar epidural steroid injections, trigger point injections and medications. In a Pr-2 dated 9-11-15, the injured worker complained of neck and low back pain, rated 7 to 8 out of 10 on the visual analog scale. The injured worker reported that her activity level continued to be severely limited due to pain. The injured worker stated that sometimes "I can't even walk". The injured worker reported that she had been having difficulty using her left upper extremity due to a recent increased in left upper extremity pain. The injured worker stated that she had severe difficulty dressing herself, bathing herself and performing other activities of daily living. The injured worker was requesting home health assistance. Physical exam was remarkable for cervical spine with diffuse tenderness to palpation and spasms, range of motion: flexion 30 degrees, extension 5 degrees, bilateral lateral bend 10 degrees and bilateral rotation 40 degrees, positive cervical spine facet loading and lumbar spine range of motion: flexion 30 degrees, extension 10 degrees and bilateral lateral bend 15 degrees. The treatment plan included requesting authorization for home health assistance 4 days a week, four hours a day for four weeks to help with activities of daily living and pain management follow-up and continuing to request an orthopedic

consultation. On 9-29-15, Utilization Review non-certified a request for a home health assistant (64 hours).

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

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

**Home Health Assistance QTY: 64 (hours): Upheld**

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

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2003. She underwent left elbow surgery in 2003, right shoulder surgery in 2005, bilateral carpal tunnel release surgeries, and a C3-4 anterior cervical decompression and fusion in 2013. She was seen on an outpatient basis on 09/11/15. She was having increased pain and difficulty using her left upper extremity. She reported being unable to walk at times due to severe low back pain and that she was having difficulty with activities of daily living such as dressing, bathing, and with other activities such as laundry, cooking, and cleaning. Physical examination findings included a normal gait. There was decreased cervical spine range of motion. She had diffuse paraspinal tenderness with spasms and positive facet loading. There was decreased lumbar spine range of motion. She had decreased left upper and lower extremity sensation. There was decreased and painful left shoulder range of motion with positive impingement testing. She had left wrist and hand swelling and limited range of motion. She had decreased left upper and lower extremity strength graded at 4+/5 to 5-/5. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. 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. In this case, the claimant continues to be treated on an outpatient basis and is not home bound. She has normal gait. There is no identified new injury. The request includes homemaker services. There was no functional examination recorded. Home health services are not medically necessary.