

<b>Case Number:</b>	CM15-0206583		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Emergency 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 61 year old female, who sustained an industrial injury on 04-23-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain with disc lesion of the cervical spine, lumbar disc herniation with radiculopathy, right shoulder tendinitis with impingement syndrome, left shoulder compensatory pain, right knee internal derangement, left knee strain and sprain, gastritis, memory loss, tremors, anxiety, depression, and insomnia. Medical records (04-08-2015 to 09-02-2015) indicate ongoing neck pain, right shoulder pain, low back pain, bilateral knee (right greater than left), and bilateral ankle swelling. Pain levels were not rated in severity on a visual analog scale (VAS) but were reported to be severe. Additional complaints included anxiety, depression and insomnia. Records also indicate that the IW is having difficulty walking due to pain and swelling and difficulties with activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work and has been deemed permanent and stationary. The physical exam, dated 09-02-2015, revealed an antalgic gait, decreased range of motion in the lumbar spine, tenderness to palpation in the lumbar region with spasms and tightness, decreased ROM in the bilateral knees (right greater than left), and tenderness over the medial and lateral joint lines. Relevant treatments have included: physical therapy (PT), injections, work restrictions, and pain medications. The request for authorization (09-02-2015) shows that the following services was requested: home healthcare 6 hours per day 7 days per week for 90 days. The original utilization review (10-02-2015) non-certified the request for home healthcare 6 hours per day 7 days per week for 90 days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 6 hrs a day/7 days a week x90 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

**Decision rationale:** The requested Home health care 6 hrs a day/7 days a week x90 days, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part time or "intermittent" basis, generally up to no more than 35 hours per week. 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." The injured worker has ongoing neck pain, right shoulder pain, low back pain, bilateral knee (right greater than left), and bilateral ankle swelling. Pain levels were not rated in severity on a visual analog scale (VAS) but were reported to be severe. Additional complaints included anxiety, depression and insomnia. Records also indicate that the IW is having difficulty walking due to pain and swelling and difficulties with activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work and has been deemed permanent and stationary. The physical exam, dated 09-02-2015, revealed an antalgic gait, decreased range of motion in the lumbar spine, tenderness to palpation in the lumbar region with spasms and tightness, decreased ROM in the bilateral knees (right greater than left), and tenderness over the medial and lateral joint lines. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Home health care 6 hrs a day/7 days a week x90 days is not medically necessary.