

<b>Case Number:</b>	CM15-0209248		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/26/2004
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: New York, Tennessee

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 64 year old female, who sustained an industrial injury on 7-26-04. She reported pain in the neck, right shoulder, and low back with radiation to bilateral legs into the feet. The injured worker was diagnosed as having neck sprain and strain, lumbar sprain and strain, myofascial pain, chronic pain syndrome, status post lumbar surgery in 2012 and 2013, and status post right shoulder surgery. Treatment to date has included TENS, acupuncture, use of a walker, and medication including Neurontin, Trazodone, Ibuprofen, and Norco. Physical examination findings on 10-12-15 included decreased range of motion and tenderness to palpation in the lumbar spine. On 10-12-15, the injured worker complained of pain in the neck, back, and bilateral shoulders rated as 8-9 of 10. On 10-16-15 the treating physician requested authorization for a home health aide for 4 hours per day for 14 days. On 10-21-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide for 4 hours per day for 14 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, Home Health Care Services.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. TIN this case the home health aide was requested for ADL's, mobility, and hygiene. These services are not covered. The request is not medically necessary.