

<b>Case Number:</b>	CM15-0020833		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/20/2001
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 57-year-old female with an industrial injury dated 04/13/2000. She presents on 12/23/2014 with "significant" neck pain and left upper extremity pain with hypersensitivity, color changes, joint stiffness and decreased ability to use left hand. The provider documents the left hand would turn from purplish color to normal color during the exam. Physical exam noted spasms in the upper back and in the sub occipital region. There was tenderness over the cervical facet joints and range of motion in the neck was decreased. There was hypersensitivity and pain in the left upper extremity with grip strength significantly decreased. Jamar testing shows noticeably decreased strength in the left. Spurling test was positive in the neck to the left side. Prior treatments include thoracic out release in 2002, medications, pain management, nerve blocks, acupuncture, spinal cord stimulator, cervical facet injections and chiropractic therapy. Diagnostic impression was: Worsening disc disease above and below the fused level of cervical 5-6 with disc extrusion at cervical 4-5. Left upper extremity radiculopathy with numbness and weakness. Left upper extremity radiculitis; complex regional pain syndrome. Previous history of thoracic outlet syndrome. On 12/23/2014 the provider requested authorization for home help assistance 4 hours daily (duration not provided) On 01/05/2015 the request for home help assistance 4 hours daily (duration not provided) was non-certified by utilization review. MTUS/ACOEM is silent. ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home help assistance 4 hours daily (duration not provided): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

**Decision rationale:** The patient was injured on 07/20/2001 and presents with neck pain, left upper extremity pain, and has episodes of severe muscle spasm. The request is for HOME HELP ASSISTANCE 4 HOURS DAILY (duration not provided). The RFA states that the request is for home help assistance with hygiene and activities of daily living at least 4 hours daily and this RFA is dated 10/27/2014. The patient's work status is unknown. The patient has significant muscle spasms involving the upper back and posterior neck musculature, and also in the suboccipital region. There is tenderness over the cervical facet joints and range of motion in the neck is decreased. There is hypersensitivity and pain involving the left upper extremity and grip strength is significantly decreased. JAMAR testing also shows noticeably decreased strength in the left as compared to the right. Spurling's test is positive in the neck to the left side as well. The patient was diagnosed with previous history of thoracic outlet syndrome, left upper extremity radiculitis (CRPS), left upper extremity radiculopathy with numbness and weakness, and worsening disk disease above and below the fused level of C5-C6 with disk extrusion at C4-C5. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." There are no discussions provided regarding this request. In this case, MTUS Guidelines recommend generally up to no more than 35 hours per week; however, the treater does not indicate how many hours in total a week he is requesting home health care for. The request is for 4 hours daily. In addition, there is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. The patient does have neck pain and left upper extremity pain as well as severe muscle spasms. The RFA states that the patient needs home help assistance for hygiene and activities of daily living, which is not supported by MTUS Guidelines. It may be difficult but not unreasonable to do self-care and carry out ADLs on her own. MTUS does not support homecare assistance, if this is the only care that is needed. The patient does not present with any organic basis for instability to perform home duties. The requested home help assistance IS NOT medically necessary.