

<b>Case Number:</b>	CM15-0041348		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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:

This 58 year old male sustained an industrial injury to the right knee and neck on 7/28/11. The injured worker subsequently developed left upper extremity pain. Previous treatment included right knee arthroscopy, magnetic resonance imaging, epidural steroid injections, physical therapy and medications. In an orthopedic consultation dated 8/1/14, the injured worker reported developing hearing loss as well as kidney and gastrointestinal problems due to prolonged use of medications, high blood pressure and difficulty sleeping due to high levels of pain and psychological problems. The injured worker also reported developing pain in the right upper extremity, mid back low back and left lower extremity. Current diagnoses included cervical spine stenosis, spondylosis and disc protrusions with bilateral upper extremity radiculopathy, status post right knee arthroscopy, right knee internal derangement, lumbar spine sprain/strain, rule out herniated nucleus pulposus, bilateral lower extremity radicular pain, left knee sprain/strain, bilateral medial epicondylitis, bilateral ankle sprain/strain, bilateral wrist sprain/strain, thoracic sprain/strain, bilateral shoulder sprain/strain, rule out internal derangement, hypertension, headaches, gastroesophageal reflux disease, anxiety, depression, sleep disorder and bilateral hearing loss. The treatment plan included continuing physical therapy, right knee Synvisc injection, bilateral electromyography/nerve conduction velocity test, magnetic resonance imaging cervical spine, bilateral shoulders and bilateral knees, home health assistance at four hours a day, seven days a week for four weeks, transportation to all medical visits, X-Force stimulator, SolarCare Fir Heating system and Kronos Lumbar Pneumatic Brace.

## **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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 51.

**Decision rationale:** 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. In this case the documentation doesn't support that the patient is homebound or that there is medical treatment required. The request is not medically necessary.