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| <b>Case Number:</b>   | CM15-0045095 |                              |            |
| <b>Date Assigned:</b> | 03/16/2015   | <b>Date of Injury:</b>       | 01/25/2012 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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, Indiana, New York  
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:

The injured worker is a 49-year-old female, who sustained an industrial injury on 1/25/2012. She reported heavy lifting, moving boxes and charts, and repetitive typing. The injured worker was diagnosed as having neck strain, right shoulder muscle strain, lumbar strain, and bilateral carpal tunnel syndrome. Treatment to date has included conservative measures. A surgery date of 1/20/2015 was documented for right carpal tunnel release and left hand joint steroid injection. It was documented that the injured worker would need assistance with home chores, vacuuming, cleaning, cooking, etc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home assistance 2 x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services (Effective July 18, 2009) Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Care Services Page(s): 50-51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home Health Care Services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home assistance two times per week times eight weeks is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are right carpal tunnel syndrome; left carpal tunnel syndrome; lumbar muscle strain; left shoulder muscle strain; right shoulder muscle strain; neck muscle strain; and headache. The treatment plan documentation indicates, pursuant to a December 31, 2014 progress note, the injured worker is going to have a right wrist carpal tunnel release and a left wrist corticosteroid injection on January 20, 2015. The treating physician indicated the injured worker may require home assistance with ADL's times two weeks post operative. There is no documentation the injured worker is homebound. Home healthcare services require the injured worker be homebound and require skilled nursing care or personal care services. There is no documentation in the December 31, 2014 progress note or subsequent progress notes indicating the injured worker's homebound. Consequently, absent clinical documentation with homebound status, home assistance two times per week times eight weeks is not medically necessary.