

<b>Case Number:</b>	CM15-0047188		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old female who sustained an industrial injury on 7/30/2010. Recently she reported headaches and pain in the neck, back, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hands, bilateral hips, bilateral knees, bilateral ankles, and bilateral feet; as well as depression, anxiety and sleeping problems. The injured worker has been diagnosed with, and/or impressions were noted to include: situational depression, single episode & moderate; pain disorder associated with psychological and general medical & multiple orthopedic symptoms; headaches; insomnia due to pain; bilateral shoulder, elbow, wrist, hand and knee sprains/strains; and cervical, lumbar and thoracic sprain/strain with lumbar radiculopathy. Treatments to date have included consultations; magnetic resonance imaging lumbar (10/5/11); and medication management. The history notes injury due to accumulative trauma versus the treating physician report of 12/18/2014, note status-post blunt head injury. She is noted to be classified as permanent and stationary as of 8/24/2014, and not recommended to return to the labor market as she is essentially permanently disabled. All treatment provided is structured to deliver maximal relief in pain and suffering and to restore occupational and functional capacity to the highest level possible as she has reached maximum medical improvement and permanently precluded from her prior occupation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home healthcare; Dressing, bathing, cooking, and cleaning:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic pain with both psychological and orthopedic components. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant continues to be treated on an outpatient basis. She is not home bound. Therefore the requested home health services are not medically necessary.