

<b>Case Number:</b>	CM15-0048629		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/15/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47-year-old female, who sustained an industrial injury on 9/19/2011. She reported twisting her right foot and falling. Diagnoses have included cervicgia with right upper extremity radiculopathy, right shoulder impingement, right shoulder Superior Labrum Anterior and Posterior (SLAP) tear and lumbago with intermittent sciatica of both lower extremities. Treatment to date has included chiropractic treatment, physical therapy, epidural steroid injection (ESI) and medication. According to the Primary Treating Physician's Progress Report dated 2/11/2015, the injured worker had lumbar spine surgery on 1/15/2015. She continued to have back pain, but no numbness in her legs. She was using a borrowed walker and could not bend over to pick up objects. Exam of the cervical spine revealed moderate tenderness and spasm. The lumbar spine was diffusely tender. She had breakaway weakness in all motor groups of the right upper extremity and of the right hamstring. Authorization was requested for a grasper to assist with picking up objects and a home health aide two hours per day five days a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Grasper to assist with picking up objects:** 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 ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. Therefore, criteria have not been met per the ODG and the request is not medically necessary.

**Home health aide, 2 hours per day, 5 days a week x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

**Decision rationale:** Home health services, Recommended only for otherwise recommended medical treatment for patients who are Home bound, 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. (CMS, 2004) Home health services are recommended for patient's who are home bound. The patient is not home bound nor does the service mentioned for home health in the documentation meet criteria as set forth above. Therefore, the request is not medically necessary.