

<b>Case Number:</b>	CM15-0235839		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	03/18/2015
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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:

The injured worker is a 43 year old female, who sustained an industrial injury on 3-18-15. The injured worker was diagnosed as having closed head injury, myofascial sprain of cervical spine, myofascial sprain of bilateral shoulders and post-concussion syndrome with cognitive deficit. Subjective findings (8-14-15, 9-15-15 and 10-8-15) indicated headaches, neck and right shoulder pain. She rates her pain 7-8 out of 10. She reported not sleeping well and difficulty finishing tasks. Objective findings (8-14-15, 9-15-15 and 10-8-5) revealed a negative Spurling's maneuver, painful cervical range of motion and decreased cognitive function. As of the PR2 dated 10-22-15, the injured worker reports headaches, neck and low back pain and cognitive deficit. She reported leaving a pot on the stove while she was outside, trouble sleeping and difficulty handling her children due to cognitive problem. Her husband is also working. Objective findings include a negative Spurling's maneuver, painful cervical range of motion and decreased cervical lordosis. Treatment to date has included a TENS unit, a cervical MRI on 9-18-15, Topamax, Ibuprofen and acupuncture. The Utilization Review dated 11-5-15, non-certified the request for home health care for 3-4 hours a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care for 3-4 hours a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** According to the MTUS, home health care is 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. The medical necessity for home health care is not made, therefore is not medically necessary.