

<b>Case Number:</b>	CM14-0116562		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58-year-old female who has submitted a claim for cervical discogenic pain and right shoulder tic of unknown etiology associated with an industrial injury date of 07/01/2010. Medical records from 12/16/2013 to 06/05/2014 were reviewed and showed that patient complained of right arm pain (pain scale grade not specified). Physical examination revealed severe spasm over right shoulder and right hand. MRI of the right shoulder (date unavailable) revealed moderate arthritic changes of acromioclavicular joint and moderate joint effusion. Treatment to date has included physical therapy, chiropractic care, and pain medications. Of note, there was no documentation of functional outcome with aforementioned treatments. Utilization review dated 06/30/2014 denied the request for home health aide assistance with activities of daily living because assistance with ADLs was not supported by the guidelines. Utilization review dated 06/30/2014 modified the request for Recurring office visits with [REDACTED] (unspecified duration) to 2 visits with [REDACTED] one month apart as recommended by pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health assistance (unspecified need/duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2004, Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Home Health Service Page(s): , page 51.

**Decision rationale:** According to page 51 of CA MTUS Chronic Pain Treatment Guidelines, the 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, a request for home health assistance was made for guidance of ADLs. However, the guidelines do not support assistance of ADLs, as this is not considered as medical treatment. The request likewise failed to specify the frequency of home health aid assistance. Therefore, the request for Home health assistance (unspecified need/duration) is not medically necessary.

**Recurring office visits with [REDACTED] (unspecified duration):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, Page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Pain

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, a request was made for recurring visits to [REDACTED], a neurologist. However, there was no documentation of functional outcome concerning previous treatment to assess the patient's progress and effectiveness of treatment plan. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify the number of follow-up visits. Therefore, the request for Recurring office visits with [REDACTED] (unspecified duration) is not medically necessary.