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| <b>Case Number:</b>   | CM14-0137487 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 09/28/2001 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2014 |

### 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 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 injured worker is a 67 year old female who sustained an injury to her neck on 09/28/01. The mechanism of injury was not documented. EMG/NCV of the bilateral upper extremities revealed evidence of moderate to severe C5-6 motor radiculopathy with mild active denervation and with left being greater than the right. The clinical note dated 08/15/14 reported that the injured worker returned to the clinic for follow up on her cervical and right hand pain. The injured worker rated her pain at 4/10 VAS with increased radiating pain down her right arm and into her hand. Physical examination noted decreased cervical spine range of motion associated with tenderness in all planes; strength and tone diminished due to head/neck pain; stiffness/tenderness at the left paravertebral musculature from C4 through C7; Spurling's sign positive left; left hand muscle strength 4+ to 5-/5; cranial nerves 2-12 grossly intact; motor strength decreased at the left deltoid 4/5; reflexes 1/4 in the left occipital tendon; sensation decreased in a C6 dermatomal distribution on the left at C4, C5, and C6. The injured worker was diagnosed with cervical intervertebral disc degeneration, cervical pain, cervical radiculopathy, and RSD of the upper extremity. The injured worker was scheduled for cervical epidural steroid injection to be performed on 08/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care with caregiver, five (5) hours per day for a total of twenty five (25) hours per week:** 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 services Page(s): 51.

**Decision rationale:** The request for home health care with a caregiver, 5 hours per day for a total of 25 hours per week is not medically necessary. The previous request was denied on the basis that the documentation provided does not indicate that medical treatment is needed in the home setting. There was no indication that the injured worker is bedridden or is non-ambulatory. As such, there was no need for home health care and the request was not deemed as medically appropriate. The California MTUS states that home health services are recommended only for otherwise recommended medical treatment for injured workers 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. Given this, the request for home health caregiver, 5 hours per day for a total of 25 hours per week is not indicated as medically necessary.