

<b>Case Number:</b>	CM14-0144795		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/25/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California and Florida. 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 62 year old female who sustained an injury to her right upper extremity on 10/25/02. Progress report dated 07/03/14 reported that the injured worker complained of upper extremity and neck pain with associated swelling of the right upper extremity that was progressing. Treatment to date included prior ganglion blocks that provided some relief. The injured worker reported difficulty holding objects and frequently dropping items. She also complained of increased pain in the right forearm with associated weakness of the right upper extremity at 5-10/10 VAS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Attendant care 6 hours per day, 7 days a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services)

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

**Decision rationale:** The request for one attendant care 6 hours per day, 7 days a week is not medically necessary. Previous request was denied on the basis that according to the submitted

clinical documentation, the injured worker received prescription for services as part of a written plan of care; however, there lacks any evidence to suggest that the injured worker is confined to the home. Therefore, the injured worker did not fulfill the criteria set forth by guidelines and the request was not deemed as medically appropriate. The CAMTUS states that when health services are recommended only for otherwise recommended medical treatment for injured workers who are homebound, or on a part time basis 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. The request is for 42 hours per week and is in excess of guideline recommendations. Given this, the request for one attendant care 6 hours per day, 7 days a week is not indicated as medically necessary.