

<b>Case Number:</b>	CM14-0152753		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of June 16, 2014. A Utilization Review dated August 21, 2014 recommended non-certification of home health assistant. A Comprehensive Orthopedic Consultation and Report identifies Present Complaints of stress, anxiety, and depression. He complains of intermittent pain in the neck, with pain radiating to his bilateral shoulders. He complains of intermittent pain in the bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrist/hand, and continuous pain in the lower back, with pain radiating to his bilateral lower extremities. Physical Examination identifies slight tenderness upon palpation noted over the cervical paravertebral musculature, decreased cervical spine range of motion with positive Spurling's test. Slight tenderness to palpation noted over the thoracic paravertebral musculature. Slight tenderness upon palpation noted over the right shoulder. 90-degree cast noted over the entire right upper extremity. Mild to moderate tenderness upon palpation noted over the lumbar paravertebral musculature. There is noticeable muscle spasm noted over the right aspect of the lumbar spine with decreased lumbar spine range of motion. Diagnostic Impression identifies status post right elbow surgery on July 8, 2014, cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, left elbow sprain/strain, bilateral wrist and hand sprain/strain, bilateral knee sprain/strain, bilateral ankle sprain/strain, anxiety, depression, sleep disorder and gastric/GERD, and headaches. Discussion and Recommendations identify recommend and request authorization for home health assistance for the next four weeks at four hours a day seven days a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health assistant:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51 of 127.

**Decision rationale:** Regarding the request for home health assistant, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health assistant is not medically necessary.