

<b>Case Number:</b>	CM15-0003563		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on October 6, 2010. The diagnoses have included displaced left proximal humerus fracture with open reduction and internal fixation. Treatment to date has included surgical intervention and pain management. Currently, the injured worker complains of dizziness. She presented to her physician in a wheelchair and her left upper extremity was in a sling. The injured worker reported that she became dizzy secondary to her medications causing her to fall and injuring her left shoulder. Her range of motion in her shoulder was limited secondary to pain. The evaluating provider recommended that the injured worker have physical therapy, transportation to and from industrially-related injury appointments and home health care assistance. On November 19, 2014 Utilization Review modified a request for transportation to and from industrially related appointments and for home health aide three hours per day for five days per week for three months and non-certified noting that after weaning of Norco the injured worker can provide her transportation and that a home health evaluation would be appropriate initially to evaluate the safety, personal and homecare needs of the injured worker. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On November 26, 2014, the injured worker submitted an application for IMR for review of transportation to and from industrially related appointments and home health aide three hours per day for five days per week for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to/from industrial injury medical appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Transportation (to & from appointments)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Transportation

**Decision rationale:** The patient presents with pain affecting the left upper extremity. The current request is for Transportation to/from industrial injury medical appointments. The requesting treating physician report dated 11/4/14 (6B) notes that the patient presented to the physician in a wheelchair with her left upper extremity in a sling. The patient complained of dizziness due to current medications. ODG guidelines Knee chapter, under transportation states, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." In this case, the patient indicates that she is unable to self-transport due to medications. The purpose of medications are foremost to improve the patient's function. If the patient's current medications are prohibiting the patient from the ability to drive, then medications should be reviewed and changed. The UR report dated 11/19/14 (4A) modified the request to 2 months in order to allow for the weaning and/or changing of medication. Furthermore, there is no discussion as to why public transportation is not feasible and no discussion regarding the patient's lack of social support. Recommendation is for denial.

**Home health care three hours a day, five days a week for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain affecting the left upper extremity. The current request is for Home health care three hours a day, five days a week for 3 months. The treating physician report dated 11/4/14 (6B) requested home health assistance for the patient, to aide in homework, meal prep, grocery shopping, personal hygiene, and outside chores. The MTUS guidelines state, Home health services: Recommended only for otherwise 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. The guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services or activities of daily living. In this case, the treating physician has not prescribed any medical treatment care to be performed at home that requires assistance from a care-giver. Furthermore,

the treating physician is requesting home health care service to assist the patient in grocery shopping, cooking, housework, and outside chores, all of which are not supported by the MTUS guidelines as outlined on page 51. Recommendation is for denial.