

<b>Case Number:</b>	CM15-0103686		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New York, West Virginia,  
 Pennsylvania Certification(s)/Specialty: Emergency Medicine

### 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 57 year old woman sustained an industrial injury on 7/21/2008 after a drill motor became entangled in a co-worker's hair and she attempted to prevent further harm. Evaluations include electromyogram /nerve conduction study of the left upper extremity dated 8/22/2008, right shoulder arthrogram dated 9/8/2008, neurophysiological testing of the bilateral upper extremities dated 9/15/2009, and brain MRI dated 7/14/2011. Diagnoses include muscle contraction headache, insomnia, cervical spine fusion, and Chiari decompressive surgery. Treatment has included oral and topical medications and surgical intervention. Physician notes dated 4/16/2015 show complaints of a right hand tremor. Recommendations include orthopedic follow up, pain management follow up, continue psychotherapy support, transportation to and from medical appointments, non-skilled home attendant, gym membership, self-directed home exercise program, cranial electrotherapy stimulation unit, transcranial magnetic stimulation, surgical spine consultation, weaning and detoxification from Hydrocodone and Soma, sleep study, dental consultation, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to guidelines, home health assistance are recommended only for otherwise recommended medical treatment for patients who are homebound and generally up to no more than 35 hours per week. In this case, there is no detailed description of functional limitations and no clear clinical rationale for home health services in this patient who has a chronic condition. The request for home health aid is not medically appropriate and necessary.