

<b>Case Number:</b>	CM15-0012116		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Arizona, Michigan  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 57 year old female, who sustained an industrial injury on October 27, 2008. She has reported bilateral hand and shoulder pain. The diagnoses have included cervical spine sprain/strain, right shoulder impingement syndrome, and brachial neuritis. Treatment to date has included occupational therapy, medications, and right trigger thumb release. A progress note dated December 11, 2014 indicates a chief complaint of continued bilateral hand and shoulder pain. Physical examination showed right hand tenderness and weakness, and right shoulder impingement sign. The treating physician requested thirty home health visits, three hours each day, five day each week for six weeks for bilateral wrists and upper extremities. On January 7, 2015 Utilization Review denied the request citing the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Special services/proc/report: 30 home health sessions, 3 hours a day, 5 times a week for 6 week for bilateral wrist and upper extremity: 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..

**Decision rationale:** The MTUS, states that home health services are only for recommended medical treatment for patients that are home-bound, 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, laundry and personal care given by home health aids like bathing, dressing and using the bathroom when this is the only care needed. A review of the injured workers medical records that are available to me does not show that she is home-bound and it does not specify the type of medical treatment she will be receiving, therefore based on the information that is in the injured workers medical records and the guidelines the request for 30 home health sessions, 3 hours a day, 5 times a week for 6 weeks for bilateral wrist and upper extremity is not medically necessary.