

<b>Case Number:</b>	CM15-0019810		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on 06/14/2000. The diagnoses have included status post discectomy and fusion at C4-C5 in January 2014, bilateral shoulder pain, and carpal tunnel release in 2003. Noted treatments to date have included surgeries, physical therapy, shoulder injections, home health care, home exercise program, and medications. Diagnostics to date have included MRI from 11/22/2013 had shown large disk herniation and extruded disk at C4-C5 and electromyography from 09/17/2010 of upper extremities showed acute denervation at right C5-C7 spinal root distributions most consistent with proximal ventral radiculopathy and bilateral median mononeuropathy. In a progress note dated 01/02/2015, the injured worker presented with complaints of neck and upper extremity pain and carpal tunnel problems at 5-9/10. Physical examination of the cervical spine revealed muscle spasm, right shoulder flexion 110, walks with a walker slowly. The patient has used a walker. The patient's surgical history includes CTR in 2003. The medication list include Valium, Norco, Percocet, Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Home Health Care 12 days, 4 hours per day, no Expiration dates, Not To Exceed 3 Visits Per Week as Related to Neck as Outpatient.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Request: 12 Home Health Care 12 days, 4 hours per day, no Expiration dates, Not To Exceed 3 Visits Per Week. Per the CA MTUS guidelines cited below, regarding home health services "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." Any documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for 12 Home Health Care 12 days, 4 hours per day, no Expiration dates, Not To Exceed 3 Visits Per Week is not fully established in this patient.