

<b>Case Number:</b>	CM15-0115337		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: California

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 50 year old female, who sustained an industrial injury on 9/25/13. She reported initial complaints of falling off a 12 foot ladder on her back with loss of consciousness. The injured worker was diagnosed as having traumatic brain injury; lumbar radiculopathy; lumbago; cervical radiculopathy; right shoulder AC joint arthritis; right shoulder rotator cuff arthropathy; right knee osteoarthritis. Treatment to date has included home health aide; medications. Diagnostics included Bran MRI (11/12/14); MRI right shoulder (10/10/14 MRI right knee (11/10/14)). Currently, the PR-2 notes dated 4/6/15 indicated the injured worker complains of neck, back and right knee pain. Since the last visit, the injured worker reports a decrease in pain to her back due to medication regimen. She was authorized for home health care. She also had a neurology consultation on 1/26/15 and the provider recommended continued ongoing care and has ordered an MRI of the bran. She has completed 16 physical therapy sessions and reports this has decreased her pain and improved her ability to function and walk longer. She wishes to defer further physical therapy for the right shoulder stating it caused an increase in pain and notes her husband will now be providing the home health care. She also reports when her pain is increased so does her blood pressure. She describes her pain as an aching pain on the right-side of her neck which she rates as a 7/10 on the pain scale. She reports this aching radiates into the right-side of her upper back and shoulder blade. The pain in the right shoulder extends in to the right arm and hand with numbness. She also reports frequent headaches. Grasping with the right hand is difficult due to numbness and often drops things. She does not have low back pain at this time as she has taken her medications. Her right knee is

aching with pain and only able to sit for 40 minutes and stand for 15 minutes or walk for 30 minutes. She is currently taking Pamelor 10mg at night; Naproxen 550mg twice daily and Prilosec 20mg daily. She notes stomach pain and night sweats. Brain MRI without contrast dated 11/12/14 impression id documented as area of very low signal intensity along the tentorium cerebelli on the right side possibly representing chronic subdural hematoma; empty sella turica; otherwise negative MRI of the brain; mild inflammatory changes in the ethmoid and maxillary sinuses bilaterally. The provider's treatment plan includes the request for authorization of a home health aide given the severity of the traumatic brain injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Home Health Aide: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11) Chapter 7 Home Health Services; section 50.2 (Home Health Aide Services).

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

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for homemaker services and not for medical treatment. According to available documentation the injured worker is not homebound. The request for 1 Home Health Aide is determined to not be medically necessary.