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| <b>Case Number:</b>   | CM15-0072739 |                              |            |
| <b>Date Assigned:</b> | 04/23/2015   | <b>Date of Injury:</b>       | 08/31/2005 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 03/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2015 |

### 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, Texas  
 Certification(s)/Specialty: Internal 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 44 year old female sustained an industrial injury to the neck and back on 8/31/05. The injured worker was current diagnoses included being treated for ankylosing spondylitis. Previous treatment included aqua therapy, physical therapy, infusions, bracing, radiofrequency ablation, behavioral medicine and medications. In a progress note dated 3/2/15, the injured worker complained of severe neck pain with decreased range of motion, right arm tingling and weakness, low back pain, headaches associated with blurred vision and abdominal pain. The injured worker reported being able to eat only about 600 calories per day. The injured worker also reported being fatigued with dizziness and vertigo and being prone to falls. The injured worker had been staying in bed, not getting dressed and having difficulty with washing. The injured worker had a recent hospitalization for gastrointestinal issues. Current diagnoses included ankylosing spondylitis, left shoulder pain, left rotator cuff syndrome, left biceps tendonitis, cervicalgia, cervical spine spondylosis, chronic low back pain, lumbar facet arthropathy, lumbar spine spondylosis, sacroiliitis, hip arthritis, chronic migraine, occipital neuralgia and costochondritis. The treatment plan included magnetic resonance imaging brain and cervical spine, possible cervical spine epidural steroid injections and cervical spine facet injections, repeat radiofrequency ablations, encouraging dietary intake of protein and fluids, physical therapy and home health 2 to 3 times weekly for one week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health 2 to 3 times weekly for one week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 51.

**Decision rationale:** According to the MTUS, home health services are recommended only for otherwise recommended 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. In this case, the documentation doesn't support that the patient is homebound. Furthermore the request is to assist the IW with homemaker services. The use of home health services is not medically necessary.