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| <b>Case Number:</b>   | CM15-0076974 |                              |            |
| <b>Date Assigned:</b> | 04/28/2015   | <b>Date of Injury:</b>       | 01/07/1999 |
| <b>Decision Date:</b> | 05/26/2015   | <b>UR Denial Date:</b>       | 04/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2015 |

### 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: North Carolina  
 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 75-year-old male, who sustained an industrial injury on 01/07/1999. He has reported subsequent back, bilateral knee and wrist pain and was diagnosed with lumbosacral and bilateral knee sprain/strain and carpal tunnel syndrome. Treatment to date has included oral and injectable pain medication and surgery. In a progress note dated 03/10/2015, the injured worker complained of back, neck and left elbow pain. There were no abnormal physical examination findings documented. A request for authorization of caregiver (wife) was submitted due to the injured worker's inability to drive for the past 10 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown caregiver (wife):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California chronic pain medical treatment guideline on home health services states: Home health services: Recommended only for otherwise recommended medical treatment for patients who 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Home health services are recommended for patients who are home bound. The patient cannot drive but is not home bound. In addition, this is not for a skilled nursing care and the amount of time is not specified. Therefore, the request is not medically necessary.