

<b>Case Number:</b>	CM15-0078712		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/16/2002
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Illinois

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 was a 61 year old female, who sustained an industrial injury, May 16, 2002. The injured worker previously received the following treatments lumbar transforaminal epidural steroid injection at two levels, Cymbalta, Naproxen, Effexor, Tramadol, Protonix, LidoPro lotion and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with left total hip replacement, bilateral carpal tunnel syndrome, left L5 and S1 radiculopathy with lower extremity weakness, lumbar disc protrusion, lumbar stenosis, low back pain, chronic left knee pain, chronic left hip pain, left shoulder pain and left neck pain. According to progress note of April 15, 2015 the injured workers chief complaint was bilateral low back pain radiating to left lateral thigh, left posterolateral calf, left neck pain, left shoulder pain, left knee pain and left hip. The injured worker was unable to perform personal care. The injured worker was started on Cymbalta and received 50% improvement in pain. The physical exam noted tenderness with palpation of the lumbar paraspinal muscles, left knee and left shoulder. The left shoulder range of motion was restricted by pain in all directions. The left knee had restricted range of motion due to pain. The straight leg raises were positive bilaterally. The treatment plan included home help for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home help for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Help.

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

**Decision rationale:** The injured worker sustained a work related injury on May 16, 2002. The medical records provided indicate the diagnosis of left total hip replacement, bilateral carpal tunnel syndrome, left L5 and S1 radiculopathy with lower extremity weakness, lumbar disc protrusion, lumbar stenosis, low back pain, chronic left knee pain, chronic left hip pain, left shoulder pain and left neck pain. Treatments have included lumbar transforaminal epidural steroid injection at two levels, Cymbalta, Naproxen, Effexor, Tramadol, Protonix, LidoPro lotion and TENS (transcutaneous electrical nerve stimulator) unit. The medical records provided for review do not indicate a medical necessity for Home help for 4 weeks. The records indicate the home help is to help the injured worker with bathing, dressing, other activities of daily living, and chores. The MTUS states that home health services only recommended 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. The 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. The request is not medically necessary.