

<b>Case Number:</b>	CM15-0097557		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on February 19, 2008. The injured worker was diagnosed as having myalgia and myositis, contracture of joint of hand and hand pain. Treatment to date has included lumbar injections, medication, psychology and psychiatry. A progress note dated April 30, 2015 the injured worker complains of left shoulder, left hand, right hand and low back pain. She reports the pain is unchanged since last visit. The average pain is rated 6/10 and without medication is 8/10. She is having carpal tunnel release on May 18, 2015. She reports she lives alone and isn't able to perform some activities of daily living (ADL) due to pain in the hands. Magnetic resonance imaging (MRI) and electromyogram were reviewed. The plan includes oral and topical medication and home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care, 4 hours per day for 2 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, 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 Page(s): 52.

**Decision rationale:** MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home health care, 4 hours per day for 2 weeks is not medically necessary and appropriate.