

<b>Case Number:</b>	CM13-0002455		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 40-year-old male was reportedly injured on April 2, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 11, 2013, indicated that there were ongoing complaints of low back pain. There was a history of a lumbar spine fusion from L3 through S1 performed on April 6, 2012. The injured worker had symptoms of neurogenic bowel and bladder in the postoperative setting. He currently states that he is improving with a physical therapy program and is no longer wearing an ankle/foot orthosis on the right leg, although there is still some weakness of the ankle and a partial foot drop. There is the use of a cane for ambulation. No focused physical examination was performed on this date. A request had been made for a home health aide and was not certified in the pre-authorization process on December 27, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST OF HOME HEALTH AIDE SERVICES PROVIDED BY FAMILY (TWELVE HOURS/DAY TIMES SIX MONTHS, FOLLOWED BY EIGHT HOURS/DAY TIMES SIX MONTHS FOLLOWED BY SIX HOURS/DAY TIMES TWO MONTHS, STARTING 04/05/13: Upheld**

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

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

**Decision rationale:** The documentation provided does not indicate that the injured employee is homebound at least on a part-time or intermittent basis. Furthermore it is not clear why there is a request for a home health aide if a family member is available for assistance. For these reasons, this retrospective request of a home health aide service provided by the family is not medically necessary.