

<b>Case Number:</b>	CM13-0013732		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/25/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 57-year-old female patient with a 4/25/09 date of injury. The 12/31/13 progress report indicates that the patient was 3 months status post anterior lumbar discectomy L2-3 interbody fusion through extreme lateral approach. The patient reports that her pain was gradually improving. There is continued numbness in the left thigh. Physical exam demonstrates moderate bilateral SI joint tenderness, decreased lumbar range of motion, left psoas and gastrocnemius weakness, diminished sensation in the right L3, L4, and L5 dermatomes. Treatment to date has included left C4-5 and right C5-6 cervical posterior foraminotomy with fixation and fusion from C4 to C6, lumbar fusion L4 to S1, decompression L3-4r with interbody fusion. There is documentation of a previous 7/3/13 adverse determination because the patient was not homebound or would not require specific medical services at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE, 4 HOURS A DAY, 5 DAYS A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

**Decision rationale:** CA MTUS states that 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. However, there is no evidence that the patient is homebound or would require medical care rendered in a home setting. 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. While the patient's complex surgical history is acknowledged, there is no established indication for home health care as physical limitations are marginal and no specific medical care would have to be rendered in the home setting. Therefore, the request is not medically necessary.