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| <b>Case Number:</b>   | CM13-0019363 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 05/20/1987 |
| <b>Decision Date:</b> | 07/11/2014   | <b>UR Denial Date:</b>       | 08/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2013 |

### 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 Family Medicine and is licensed to practice in Tennessee, California, and Florida. 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 injured worker is a 56-year-old male who sustained an injury to his low back on 05/20/87. The mechanism of injury was not documented. Records indicate that the injured worker is status post L2-3 interbody fusion, posterior fusion from L2 through L4. The patient admits that he is some difficulty getting around. Physical examination noted 4/5 bilateral lower extremity muscle strength; plain radiographs of the lumbar spine revealed proper placement of both the interbody implant as well as pedicle screws and rods posteriorly. The injured worker ambulates with a cane. The records indicate that the injured worker is unable to stand for 15-20 minutes and unable to lift, carry, push or pull more than a gallon of milk due to low back pain. He does not drive very much due to his medications. He uses a device to put his socks on and also has difficulty with showering. Other activities of daily living including bathing, dressing and eating are performed with problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE FOUR (4) DAYS/WEEK AT FOUR (4) HOURS/DAY TO ASSIST WITH DRESSING, AMBULATION, PREPARING FOOD, WASHING AND DRYING DISHES, DUSTING, TIDYING OF THE HOUSE FOR THREE (3) MONTHS:**

Upheld

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

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

**Decision rationale:** The request for home health aide four days a week times four hours a day to assist with dressing, ambulation, preparing food, washing/drying dishes, dusting, tidying of the house for three months is not medically necessary. The previous request was denied on the basis that housekeeping service under the circumstances described or until the injured worker can have the requested surgery are not permitted. The bulk of what was requested is for homemaker services. There was no information provided that would indicate that the injured worker has any comorbidities that prevent him from performing these activities of daily living. There was no information that would indicate how the injured worker has performed or has been assisted in performing these activities of daily living prior to the request. Given the clinical documentation submitted for review, medical necessity of the request for home health aide four days a week times four hours a day to assist with dressing, ambulation, preparing food, washing/drying dishes, dusting, tidying of the house for three months has not been established.