

<b>Case Number:</b>	CM13-0027270		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/25/1997
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 67-year-old gentleman was reportedly injured on September 25, 1997. The mechanism of injury was stated to be a fall at the end of an escalator. The most recent progress note, dated August 11, 2014, indicated that there were ongoing complaints of low back pain, neck pain, and numbness in his left lower extremity. There were also complaints of pain in the right lower extremity and in particular the right knee. The injured employee stated to exercise by walking approximately 20 minutes three times a week with the assistance of a cane. The physical examination demonstrated the absence of knee and ankle reflexes. There was a positive bilateral straight leg raise test at 80. There was also some weakness of left foot and toe dorsiflexion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a cervical spine fusion, a C3-C4 discectomy, and a lumbar decompression and fusion at L4-L5. A request had been made for additional homemaker services two times a week, four hours per visit, for one year and was not certified in the pre-authorization process on September 9, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional homemaker services, twice a week, hour per visit for one year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health services and Aetna Clinical Policy Bulleting Home Health Aides May 17, 2005

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, home health services are recommended only for individuals who are homebound on at least a part-time or intermittent basis. The attached medical record does not indicate that the injured employee is homebound. Additionally, according to the recent progress note dated August 11, 2014, the injured employee is ambulatory and able to walk for 20 minutes at a time. For these reasons, this request for homemaker services twice a week for four hours per day for one year is not medically necessary.