

<b>Case Number:</b>	CM13-0032241		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/23/1997
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 63 year old injured worker with a date of injury of January 23, 1997. The patient has been evaluated for chronic low back pain. The patient had a decompression, fusion on September 11, 2013. The patient was suggested to go home to a skilled nursing facility (SNF) or consider home with a home health aide, if significant function gains were made and the patient is able to obtain functional independence prior to discharge. The patient was discharged and told to use a lumbar brace when out of bed. The patient was authorized 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide; eight hours a day for five days a week for four weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

**Decision rationale:** The California MTUS states "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. 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." The patient reportedly has no support at home and is undergoing physical therapy as well. The request for a home health aide; eight hours a day for five days a week for four weeks is medically necessary and appropriate.

**Occupational therapy (frequency/duration not specified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** According to the California MTUS Post Surgical Guidelines pg. 26, "allow for therapy, 34 visits over 16 weeks". The patient was already authorized twelve sessions of physical therapy. There were no clear indications for additional physical therapy in the records. The request for occupational therapy is not medically necessary and appropriate