

<b>Case Number:</b>	CM13-0049082		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/07/2007
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Family Practice , and is licensed to practice in Texas. 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 55-year-old female who reported injury on 06/07/2007. The mechanism of injury was noted to repetitive trauma. The patient noted 30% improvement in sitting, standing, walking, lifting, and carrying out daily household chores with treatment. The patient indicated there was no change in carrying out work with treatment. The patient was noted to be ambulating with a cane. The patient's diagnoses were noted to include other internal derangement of the knee, cervical radiculopathy, and wrist joint pain. The request was made for extended home care 12 hours per day 5 days per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended Home Care 12 Hours per Day 5 days per week:** Upheld

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

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

**Decision rationale:** CA MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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 was noted to have tenderness in the right and left paravertebral regions at L4-5 and L5-S1, and was noted to have range of motion of the cervical spine reduced. The patient's sensations were noted to be diminished in the right upper extremity in a C5 and C6 distribution. The patient's motor strength was noted to include decreased grip strength in the right upper extremity, and reflexes were noted to be 1+ in the right upper extremity. Clinical documentation submitted for review indicated the patient was utilizing a home health aide for nail care, showering, dressing, laundry, meal preparation, and feeding the patient. The aide was also noted to be carrying groceries, driving the patient to appointments and going to the pharmacy for the patient. There is a lack of documentation indicating the patient had a necessity for medical services. Per the submitted documentation, the request was for a home health aide-type service. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for extended home care, 12 hours per day, 5 days per week is not medically necessary.