

<b>Case Number:</b>	CM13-0053710		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/15/2003
<b>Decision Date:</b>	03/15/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Orthopedic Surgery, has a subspecialty in: Fellowship trained in Spine Surgery 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 64-year-old female who reported injury on 12/15/2003. The precise mechanism of injury was not provided. The patient was noted to have substantially improved arm pain and numbness or tingling. It was indicated that the patient would require continued home health aide/companion care to help with meal preparation, light housekeeping, activities of daily living, safety concern, transportation, and grocery shopping for 4 hours per day, 3 days per week for 6 weeks. The patient's diagnoses were noted to include status post anterior cervical discectomy and fusion C4-7 and subsequent hardware removal C4-7 with anterior interbody fusion at C3-4 on 08/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 4-6 hours a day for 9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck and Upper Back (Updated 05/14/13): Home Health Services.

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

**Decision rationale:** California MTUS Guidelines indicate that home health services are recommended only for patients who are home-bound and who are in need of intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom when it is the only care needed. Clinical documentation submitted for review failed to indicate that the patient had a necessity for anything other than homemaker services. There is lack of documentation indicating the patient was home-bound and in need of medical treatment. Given the above, the request for home health aide 4 to 6 hours a day for 9 weeks post cervical spine surgery is not medically necessary.