

<b>Case Number:</b>	CM13-0058095		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Emergency Medicine, and is licensed to practice in Wisconsin. 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 34-year-old female who reported an injury on 11/25/2008. The mechanism of injury was not provided. On 10/10/2013, the injured worker presented with continued pain in the low back. Diagnosis was lumbar discopathy. Upon examination, there was pain, tenderness, and guarding in the middle range of motion to the lumbar spine. There was a positive straight leg raise noted bilaterally. The injured worker is status post total disc replacement at the L4-5 and L5-S1 level. The provider recommended home health care 6 hours a day, 6 days a week to include child care for 6 weeks; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH CARE 6 HOURS A DAY, 6 DAYS A WEEK TO INCLUDE CHILD CARE FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** The request for home health care 6 hours a day, 6 days a week to include child care for 6 weeks is not medically necessary. The California MTUS Guidelines recommends home health services for medical treatment for injured workers who are home bound for part time or intermittent basis, for generally up to no more than 35 hours a week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, or personal care given by home health aides like bathing, dressing, or using the rest room when this is the only care needed. There is lack of documentation that the injured worker is at home on a part time and/or intermittent basis. Additionally, home health services do not include homemaker services such as child care. As such, medical necessity has not been established.