

<b>Case Number:</b>	CM13-0059541		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/2006
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 73-year-old male who reported an injury on 01/31/2006. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical radiculopathy, status post cervical surgery, lumbar radiculopathy, and right knee internal derangement. The patient underwent anterior cervical arthrodesis at C4-5 and C5-6 on 08/27/2013 by [REDACTED]. The clinical documentation dated 08/20/2013 revealed that the patient was not capable of taking care of himself and would not be able to care for himself postoperatively. The patient was noted to live by himself and it was indicated the patient would need home health care services. The request was made for home health care visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH CARE VISITS:** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that home health services are recommended only for patients who are home-bound, and who are in need of part-time or

intermittent medical treatment for up to 35 hours per week. Medical treatment does not include homemaker services or personal care given by home health aides. The clinical documentation submitted for review failed to indicate that the patient had a necessity for medical care and would be home-bound. There is a lack of documentation indicating that the patient did not have family or friends that could assist in the postoperative period. Additionally, the request as submitted failed to indicate the frequency or duration of the care. Given the above, the request for home health care visits is not medically necessary.