

<b>Case Number:</b>	CM13-0065200		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/06/2002
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 53-year-old male with date of injury of 1/6/02. The treating physician report dated 10/31/13 indicates that the patient presented with severe low back pain status post lumbar surgery. The patient continues to use a cane for ambulation as a result of the pain and lower extremity weakness. Neck and right shoulder complaints also remain for which he has history of right shoulder surgery. The current diagnoses are: 1. Lumbar fusion; 2. Intractable lumbar pain; 3. Lumbar radiculopathy; 4. History of right shoulder arthroscopic surgery with residual pain; and 5. Chronic cervical pain. The utilization review report dated 11/8/13 denied the request for Home Health Care for three (3) hours Monday, Wednesday, and Friday based on MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE FOR THREE (3) HOURS MONDAY/WEDNESDAY/FRIDAY:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** The patient presented with chronic lower back pain with radiculopathy, neck and shoulder pain, following a lumbar fusion and right shoulder surgery that was performed at an unknown date. The current request is for Home Health Care for three (3) hours on Monday, Wednesday, and Friday for an unknown duration. The treating physician report dated 10/31/13 states, "As a result of his severe pain which remains despite he significant regimen, he has difficulty taking care of himself as [REDACTED] also lives by himself. He will need aid to help with cooking, cleaning, doing laundry and shopping. He also has issues with some of his hygiene activities including taking showers, baths or similar activities." The Chronic Pain Guidelines indicate "Home health services: 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 guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. Recommendation is for denial.