

<b>Case Number:</b>	CM13-0067473		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 59-year-old male with a 08/03/2012 date of injury. The mechanism of injury is described as the patient injuring his back after moving heavy machinery. His diagnosis is discogenic low back pain. Records document the patient to have undergone a T10-S1 laminectomy in November 2012 (the operative report was not provided). Conservatively, the patient has been treated with medications and physical therapy. He reportedly experienced some relief with his most current group of sessions. Most current PT note dated 09/09/2013 reports the patients mobility and strength continue to improve with therapy and he has an overall pain at about 7/10. He does report some difficulty getting in and out of the shower. PR-2 dated 09/11/2013 reports the patient to have moderate low pain rated at 5/10 which was somewhat improved since his last visit. He has increased pain and neurogenic claudication symptoms with walking greater than 10 minutes. The patient states that after surgery he was limited to a wheelchair but has become more ambulatory and now uses a front-wheeled walker. The patient reported he is married and has children living with him at home. Physical exam documents the patient walks with a walker. He demonstrates an unsteady gait, however, demonstrates no evidence of any foot drop. He is able to perform a heel-toe walk as well as a heel-toe raise. He is unable to perform a tandem gait with his walker. He is unable to ambulate without his walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH ASSISTANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL 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:** According to the Chronic Pain Medical Treatment Guidelines, home health services are "recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 medical records do not support the need of a home health aide. The patient is documented to be improving with his ambulation and strength with his current therapy plan. There is no mention that the patient is homebound or that he requires home health care for medical treatment. Based on the medical documentation and guidelines cited, the medical necessity has not been established. Therefore, the request for home health assistance is not medically necessary.