

<b>Case Number:</b>	CM14-0002911		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/26/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Family Medicine, 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 47-year-old male who has submitted a claim for chronic pain syndrome, cervical spondylosis, chronic lumbar strain, shoulder adhesive capsulitis, myalgia and myositis, erectile dysfunction, depression, and fecal/urinary incontinence associated with an industrial injury date of July 26, 2013. Medical records from 2013 were reviewed. The patient complained of chronic back pain and incontinence. Physical examination revealed morbid obesity, persistent kinesiophobia, and restricted movement. Treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, antidepressants, benzodiazepines, and sildenafil. A utilization review from December 16, 2013 denied the request for non-skilled home care assistance for failure to document proper neurologic and musculoskeletal examination, functional status, current restrictions, and current abilities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NON SKILLED HOME CARE ASSISTANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 51

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, 9792.24.2 Page(s): 51.

**Decision rationale:** According to page 51 of the MTUS Chronic Pain Guidelines, home health services are 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. In this case, non-skilled home care services are requested. A progress note from September 30, 2013 reported that the patient needed 24/7 homecare assistance, which exceeds the recommended 35 hours per week by the MTUS Chronic Pain Guidelines. Recent progress notes also failed to document physical examination findings that would substantiate that the patient is truly homebound. There were no reports as to the patient's current functional status, restrictions, and abilities. Furthermore, the documented rationale for home care service is to assist him in bathing, dressing, and cleaning; these are not considered part of medical treatment. Therefore, the request for non-skilled home care assistance is not medically necessary.