

<b>Case Number:</b>	CM14-0003324		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational 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 has submitted a claim for other disorder of cervical region associated with an industrial injury dated February 14, 2003. Treatment to date has included sacroiliac (SI) joint fusion, physical therapy and pain medications. Medical records from 2013, were reviewed showing that the patient had suffered and been treated for Shoulder pain, spinal lumbar, degenerative disc disease (DDD), low back pain, radiculopathy, right sacroiliac pain. In the most recent records, patient has been complaining of numbness of the left buttock, low back pain radiating down the right leg graded 10/10, and right leg weakness. Cervical and lumbar spine range of motion was restricted. Patient is currently utilizing walker and wheelchair and had a fall accident. Patient has been receiving home health assistance from July 12 to September 18, 2013 and has submitted a request for the extension of services since September 10, 2013. Utilization review from December 27, 2013, denied the request for home health aide 5 hours a day, 5 days a week, for 6 weeks because there is no evidence that the injured worker is homebound and that skilled care is necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE 5 HOURS A DAY, 5 DAYS A WEEK, FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

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

**Decision rationale:** According to the Chronic Pain Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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, home health aide (HHA) was provided to the patient from July 12, 2013 to September 18, 2013. The rationale given for this service is to help her with activities of daily living because she is living alone. She required supervision at all times when out of bed due to risk of falls. The Home Health Review, dated 12/12/2013, cited that patient occasionally needed to be reminded to take her medications. However, it is not documented if she needed assistance in the actual preparation of medications. This information was only lifted from the utilization review because the official document was not made available for review. Furthermore, the most recent progress report dated 09/19/2013, cited that patient's function and activities of daily living have improved optimally. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Therefore, the request for home health aide 5 hours a day, 5 days a week, for 6 weeks is not medically necessary.