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| <b>Case Number:</b>   | CM14-0004446 |                              |            |
| <b>Date Assigned:</b> | 02/05/2014   | <b>Date of Injury:</b>       | 01/04/1996 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 12/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2014 |

### 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:

This is a 78-year-old female with a 1/04/96 date of injury. The patient is status post cervical fusion with hardware. She was seen on 11/26/13 for ongoing low back and neck pain radiating to all extremities, 5-6/10 with medications. The patient noted difficulty with certain ADL's such as self-care, ambulation, activity, hand function. Exam findings revealed cervical lumbar spine tenderness with associated myofascial tenderness. The patient is noted to be in a home exercise program. Her diagnosis is: cervical and lumbar radiculopathy, depression, anxiety, history of opiate dependence status post detox with suboxone, and bilateral shoulder pain. A progress note date 2/12/14 stated the patient was on the verge of a nervous breakdown at the thought of losing her home health aide. Treatment to date: medications, physical therapy, injections, cervical fusion.. She states she is unable to cook for herself A UR decision dated denied the request given the documentation did not describe specific deficits or medical conditions that would hinder the patient's ability to care for themselves.

### 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 PER DAY, (5) DAYS PER WEEK:** 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,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (Home health services Page(s): 51.

**Decision rationale:** CA MTUS states that 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. This patient is apparently unable to cook for herself. There is no mention of the patient's ability to ambulate and for how long. In addition, the patient indicated on 2/12/14 that she had a home health aide, yet it is unclear how this has been beneficial to her as there is no documentation that described the specific functions of the home health aide. Thus, the request for a HOME HEALTH AIDE (5) HOURS PER DAY, (5) DAYS PER WEEK was not medically necessary.