

<b>Case Number:</b>	CM14-0007949		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 48-year-old male with an 11/17/10 date of injury. The patient was seen on 12/2/13 with complaints of ongoing spine pain with radiation into all extremities and associated numbness. Exam findings revealed spasm, tenderness, and guarding in the paraspinal muscles as well as decreased range of motion in the C and L spine. The patient was also noted to have an antalgic gait using a cane, patellar crepitus in the right knee with medial and lateral joint line tenderness and a positive posterior drawers and McMurray's sign. His diagnosis is lumbosacral radiculopathy; meniscal tear with knee sprain, tendinitis and bursitis; and shoulder sprain. Home health was requested given the patient was unable to perform ADL's such as cooking cleaning, and self care. The patient's wife is noted to be helping the patient do his ADL's. A formal request for home health aide to be provided by the patient's spouse was requested as she is taking time away from work to help her husband. The patient is pending an authorization for knee surgery. MRI of the right knee 1/15/13: full thickness tear of the posterior cruciate ligament with scarring and infrapatellar fibrosis (no objective report provided). Treatment to date: lumbar epidural (good response); and medications. A UR decision dated 1/2/14 denies the request given medical treatment does not include homemaker services (i.e. personal care, shopping, laundry, cooking, bathroom assistance, cleaning) when this is the only care needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE 4HRS/DAY 7 DAYS/WKX4WKS:** 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 California MTUS indicates 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. The request is for home health aide, however the employee's wife is already providing aid to the employee with regard to his ADL's. In addition, he does not have any specific medical needs and MTUS does not support a home health aide for ADL's if there is no other medical necessity. The documentation does not state that the employee has a specific medical need for which a home health aide is necessary. Given MTUS does not support the use of home health aides for ADL's in the absence of a medical necessity, as well as the fact that the employee's wife is helping the employee with his ADL's, the request for Home Health Aide 4Hrs/Day, 7 Days/Wk X 4Wks was not medically necessary.