

Case Number:	CM14-0009270		
Date Assigned:	02/14/2014	Date of Injury:	06/27/2011
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 55 year old female whose date of injury is 06/11/14. The injured worker turned and tripped over empty boxes. Note dated 12/18/13 indicates the injured worker is one month status post (neck) cervical fusion. As an intervention, the injured wore a hard neck collar. The injured worker was recommended for home health assistance for cleaning and shopping. Note dated 01/24/14 indicates the injured is dealing with reflux and dysphagia issues. On physical examination, motor and sensory deficits are absent, despite this, the injured uses a cane for ambulation. X-rays show good alignment and position of hardware with interbody cages from C3 to C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH ASSISTANCE 3XWK X 4WKS FOR 4 HRS EACH:
SHOPPING/CLEANING:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Home health services Pag.

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

Decision rationale: Based on the clinical information provided, the request for home health assistance three times a week for four weeks, four hours each: shopping/cleaning is not recommended as medically necessary. CA MTUS guidelines support home health care for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that this injured worker is homebound. CA MTUS guidelines report that 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.