

<b>Case Number:</b>	CM14-0015136		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery, 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 59-year-old male with a date of injury of 8/9/12. The mechanism of injury was due to a car accident, injuring his neck and back. On 9/13/13, he had anterior cervical discectomy and fusion at C4-5 and C5-6 and received 3 weeks of home health aide assistance for wound care and medication administration. On 11/7/13, the patient stated he had fallen several times, and with the noted cervical fusion reported on 9/13/13, he was reported to be a fall risk. A walker with a seat for more stability and support was made. The patient reported his cervical spine pain was slowly improving and his headaches had gone away completely after the cervical fusion surgery. On 2/20/14, the exam of the cervical spine reveals decreased range of motion and a healed scar anteriorly noted. The lumbar spine reveals present spasm with painful range of motion and is limited. The diagnostic impression is lumbosacral disc degeneration, cervical myelopathy, prior lumbar fusion L5-S1, and status post cervical fusion at C4-5 and C5-6. Treatment to date: surgery, medication management. A UR decision dated 1/3/14, denied the request for home health aide. The guidelines state home health services are only recommended for medical treatment for patients who are homebound at no more than 35 hours per week and states medical treatment does not include homemaking services and personal care given by home health aides when this is the only care needed. There was no documentation of a medical reason for home health services and it is only indicated for home health aides, the request for 3 weeks of home health aide assistance does not meet guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) Week Home Health Aide:** 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 guidelines indicate 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. In an appeal for the denial of treatment by the physician dated 1/7/14, it was noted that the injured worker was previously authorized for 3 weeks of home health aide assistance, which provided skilled nursing for the wound care along with aiding in medication administration. He had a lumbar spine fusion in 1980 and is now awaiting a lumbar discogram. The injured worker had experienced frequent falls, which has worsened since the aide left. The guidelines indicate that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, generally up to no more than 35 hours per week. The request does not specify any time frame the home health services are needed. In addition, the guidelines indicate that medical treatment does not include homemaker services, and personal care given by the home health aide when this is the only care needed. The request does not state any specific medical care the injured worker requires other than to prevent the injured worker from falls. It is unclear what medical intervention is being done to prevent the falling, and what the endpoints of home healthcare treatment would be after the 3 weeks are over and the injured worker continues to fall. Therefore, the request for 3 weeks Home Health Aide was not medically necessary.