

<b>Case Number:</b>	CM14-0113328		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/27/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 patient is a 53 y/o female who developed significant spinal and shoulder pain subsequent to a motor vehicle accident on 12/27/03. She has been treated with cervical surgery consisting of a combination disc replacement and fusion. She has no ongoing myelopathic or radiculopathic symptoms per a recent neurosurgical consultation for a Chiari formation. She has also been treated with shoulder surgery and injections to the lumbar spine. She has declined repeat low back procedures. Oral analgesics consist of Hydrocodone (5x/day), Naprosyn and Gabapentin. There is no documentation that she is home bound, but it is documented that she has some difficulty with ADLs. Home care was requested without any specifics (no documentation of type, frequency or length), in the same narrative it was opinioned that she would be strong enough to take part in a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care For Lifetime Quantity One:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health

Services. Other Medical Treatment Guideline or Medical Evidence:  
<http://www.medicare.gov/Pubs/pdf/10969.pdf> page 5.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG and Medicare Guidelines address this issue and state that home health services can be medically necessary if the patient is home bound. The ODG Guideline also states that home maker services are not considered to be home health care. The requesting physician does not establish that this patient is home bound and does not provide adequate specifics to considered home maker services medically necessary. The home care for lifetime is not medically necessary.