

<b>Case Number:</b>	CM14-0122617		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/14/1982
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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:

The injured worker is a female with date of injury 8/14/1982. Per the spine surgeon's office visit note dated 2/3/2014, the injured worker understands that certain activities have been exacerbating her condition and at this juncture she is curtailing those activities. Her x-rays of 12/17/2013 show no interval change. She is pleased with her overall outcome. On examination her clinical presentation at this juncture demonstrates her neurological function to be intact. No diagnosis is reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 12 weeks:** 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 section Page(s): 51.

**Decision rationale:** The home care re-evaluation states that the injured worker has been receiving attendant care/custodial care services for 4 days per week for 12 weeks. She has improved, standing by assistance with the use of a railing. She doesn't use the walker inside except when feeling weak and unbalanced. She is reported to need additional home assistance,

6 hours, 3 days a week and 8 hours 1 day a week for 12 weeks. The injured worker's perceived needs are with cleaning, laundry, assistance with meal prep, cooking, shopping with assistance and driving. Her husband completes all of her unmet needs. She uses adaptive equipment for dressing. She cannot bend to lift items out of the refrigerator that are lower than mid torso. She is unable to drive. Her surgeon reports that recovery time is 12-18 months and her spine surgery was on 6/5/2013. She has been reducing her hours of home assistance over time. The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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 request is for homemaker services and not for medical treatment. The request for home health aid 12 weeks is determined to not be medically necessary.