

<b>Case Number:</b>	CM14-0153144		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 with a date of injury on 7/3/2007. Injury occurred when she attempted to open the bottom drawer of a metal cabinet that was stuck. The top drawer of the cabinet opened and she tried to hold it up with her hands to keep it from falling. She developed immediate neck and low back pain. The 6/19/14 cervical magnetic resonance imaging (MRI) impression documented multilevel degenerative disc disease, and straightening of the normal cervical lordosis. There was degeneration and desiccation of the C6/7 intervertebral disc space with a broad-based disc osteophyte complex causing severe left and mild central stenosis. There was a broad-based disc osteophyte complex at C5/6 causing mild central stenosis. There was moderate left foraminal stenosis at C4/5 and an incidental small focal protrusion at T1/2 effacing the thecal sac but not touching the cord or causing foraminal stenosis. The injured worker underwent C5/6 and C6/7 anterior cervical discectomy, C5/6 disc replacement, and C6/7 anterior cervical fusion on 6/30/14. The 7/8/14 orthopedic report indicated the injured worker was one week post-op, and felt her arms were improved. She had some difficulty with activities of daily living due to surgery. She had minimal help as her spouse was also limited due to hip problems. Home health assistance was requested to help with her day to day activities until she recovered from her surgical procedure. The 7/17/14 treating physician report indicated that the injured worker was two weeks post-op with frequent moderate neck pain radiating to the upper extremities and mid back. Symptoms were affecting activities of daily living. Current medications included Dilaudid and Oxycontin for pain. Physical exam documented the injured worker had good grooming and personal hygiene with normal mood and affect. The injured worker needed home health care as she lived alone and would have difficulty with self-care in a post-operative setting. Authorization for home care for assistance with activities of daily living, and for household and community activities, was requested 8 hours a day for 7 days. The 8/25/14

utilization review denied the request for home health care as there was no current clinical exam and updated functional deficits to establish the medical necessity of this request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health care 8 hours per 7 days:** 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 Medical Treatment Utilization Schedule (MTUS) recommends home health services only for otherwise recommended treatment for injured workers who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. 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. Medicare provides specific injured worker selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the injured worker is confined to the home. There is no evidence or physician recommendation evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. This request exceeds the maximum allowance (35 hours/week) of home health services allowed under guidelines when criteria are met. Therefore, this request is not medically necessary.