

<b>Case Number:</b>	CM14-0159301		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine and is licensed to practice in California and Illinois. 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 patient is a 63 year old female who was injured on 03/11/2013. The mechanism of injury is unknown. Progress report dated 08/19/2014 states the patient reported cervical spine pain rated as an 8/10 with intermittent pain radiating down to the knee with numbness of left lg. She reported daily activity aggravates the pain and medications alleviate the pain as well as warm water. Objective findings on exam revealed lumbar spine pain with +2 spasms over L3-S1. Deep tendon reflexes are 2. Straight leg raise is 80 bilaterally with no weakness. She had tenderness over the paraspinal muscles. Range of motion revealed flexion is 35; extension is 20; and lateral rotation is 25. She is diagnosed with musculoligamentous strain of the lumbar spine; facet syndrome left L5-S1; left lower extremity radiculopathy and magnetic resonance imaging (MRI) evidence of protruded disc at l4-L5 and L5-S1. She was recommended for rocker bottom shoes and to have an assistant assist with household chores and gardening. Prior utilization review dated 09/17/2014 states the request for Assistant for Household Chores is denied as it is not supported by the guidelines; and Gardening; and Rocker Bottom Shoes is denied as it is not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASSISANT FOR HOUSEHOLD CHORES AND GARDENING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The guidelines recommend home health services for medical treatment for patients who are homebound on a part time or intermittent basis. Medical treatment does not include homemaker services such as shopping, cleaning, laundry, bathing, dressing, or toileting. The request does not fit within current guideline recommendations for home health. The clinical documents did not provide sufficient information to justify household chores and gardening, which is not covered within the scope of home health. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**ROCKER BOTTOM SHOES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The guidelines in general do not recommend rocker bottom shoes for neuropathic and musculoskeletal pain. The current clinical data has not shown rocker bottom shoes to be beneficial for such patients. Rocker bottom shoes require further investigation and clinical studies in order to recommend them as part of routine medical equipment. The clinical documents did not provide an adequate discussion or justification for the use of rocker bottom shoes at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.