

<b>Case Number:</b>	CM14-0173992		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	05/15/1995
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Physical Medicine and Rehabilitation 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 47 year-old injured worker sustained an injury on 5/15/1995. Request(s) under consideration include Home Health assistance (7days/week, 8hrs/day). The injured worker continues to treat for chronic musculoskeletal pain. Report of 9/15/14 from the provider noted the injured worker with continued constant low back pain from prolonged positions and activities; right knee pain with increased walking/standing rated at 5/10 associated with numbness and tingling. Medications provide 35% pain relief and non-specified ADLs are limited to 10% of normal. Exam showed lumbar spine with limited lumbar range of flexion/extension of 30/10 degrees; lumbar paravertebral tenderness with spasm; tenderness and mild effusion at knee; decreased sensation over right thigh and calf; positive SLR; with normal DTRs and motor strength in bilateral lower extremities. Diagnoses include lumbar herniated disc; right knee degenerative joint disease. The injured worker remained P&S, unable to work. Treatment included home assistance for limiting conditions of the lumbar and right knee to help with cleaning, cooking, and home activities; and to continue with home exercise program. The request(s) for Home Health assistance (7days/week, 8hrs/day) was non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Assistance (7days/week,8hrs/day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 52.

**Decision rationale:** Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The injured worker does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The injured worker does not appear homebound as the injured worker attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident without clear documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear neurological deficits identified for home physical therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home Health assistance (7days/week, 8hrs/day) is not medically necessary.