

<b>Case Number:</b>	CM14-0177428		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Preventative Occupational Medicine, and is licensed to practice in Massachusetts. 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 52 year old female who reported an injury on 08/20/2009 due to a fall. She was diagnosed with right inferior pubic and ischial fractures, cervical and spine sprain/strain and status post L4-L5 and L5-S1 discectomy and fusion. Her past treatments included medications, home exercise program, home electrical muscle stimulation unit and physical therapy. Diagnostic studies included an x-ray of her pelvis from August 2009 which revealed a fracture. On 09/12/2014, the injured worker reported continued low back pain with associated bilateral lower extremity radicular symptoms that were increased with lifting bending, stooping, standing and walking for more than 15 minutes. Upon physical examination of her lumbar spine, the injured worker had limited range of motion with 34 degrees of flexion, 12 degrees of extension, and 14 degrees of right and left side bending. Her current medications included Norco 10/325 mg 4 tablets a day and Lyrica 75 mg 2 tablets a day. The treatment plan included request for pain management consult, continue home exercise and home electrical muscle stimulation unit, medications, request for home care assistance, and a follow up appointment in 5-6 weeks. A request for Home Health Care- 4 hours per day, 5days a week for 6 weeks was submitted for assistance for household chores such as cooking, meal preparation, laundry, grocery shopping and assistance with activities of daily living (i.e. bathing/dressing). A Request for Authorization was submitted on 09/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care- 4 hours per day, 5days a week for 6 weeks: 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): 51.

**Decision rationale:** The request for Home Health Care- 4 hours per day, 5 days a week for 6 weeks is not medically necessary. The California MTUS Guidelines recommend home health services for patients who are home bound, on a part time or intermittent basis. The guidelines recommend generally up to 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. The treating provider recommended home health services to assist with household chores; however, there is a lack of documentation indicating the injured worker required medical treatment. The clinical documentation does not indicate that the patient is home bound, on part time or intermittent basis. There is documentation indicating the injured worker has functional deficits; however, it does not provide evidence of significantly limited mobility. The physician does not indicate a specific medical treatment needing to be performed in the patient's home. Furthermore, the documentation indicates the physician is recommending continued treatment; however, the documentation does not indicate what treatment was previously performed, as well as the patient's response to the prior treatment. Given the above information, the request is not supported. As such, the request is not medically necessary.