

<b>Case Number:</b>	CM14-0021298		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/13/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

This is a 62-year-old female patient with a 10/13/09 date of injury. A 1/2/14 progress report indicates continued low back pain radiating to right leg and onto the top of the foot. There is numbness and some degree of weakness. Physical exam demonstrates some difficulty with heel walking, some paraspinous muscle spasm in the lower back. It was noted that the patient can get by with about 3 hours per day of help with dressing, food preparation, and laundry. Treatment to date has included use of a wheelchair, scooter, medication, activity modification, aquatic therapy. A 1/28/14 progress report indicates persistent low back pain and numbness and decreased strength in the right lower extremity. The patient is experiencing anxiety and depression, for which she is taking medication. There is documentation of a previous 2/5/14 adverse determination for lack of objective functional limitations; and the actual requested services not being considered medical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. However, there is no evidence that the patient is homebound or would require medical care rendered in a home setting. 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. Yet, this is the type of care identified with this request. Therefore, the request for a home health aide was not medically necessary.