

<b>Case Number:</b>	CM14-0022431		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

The injured worker is a 56 year old female with a reported date of injury on 04/06/2011. The mechanism of injury occurred when the injured worker bent down and strained her back. The progress note dated 04/18/2014 listed the diagnoses as status post anterior cervical discectomy and fusion at C6-7 and L4-5 spondylolisthesis with worsening left leg pain and aggravation. The progress note reported the injured worker complained of intermittent neck pain rated 2/10 with radiation to the right trapezius as well as constant low back pain rated 6/10 with radiation to the left lower extremity and associated numbness and tingling. The progress note listed the medications as Naprosyn, Norco, Soma, and Ultracet and noted the injured worker was not attending physical therapy. At that time they were awaiting authorization; however, she was participating in a home exercise program. The progress note reported the lumbar spine range of motion with flexion was 25/60 degrees, extension was 10/25 degrees, right lateral bend was 10/25 degrees, and left lateral bend was 15/25 degrees. The progress note also reported the straight leg raise was positive to the left with radiating pain to the left lower extremity. The progress report dated 02/02/2014 reported the injured worker's activities of daily living as difficulty getting in and out of car, performing light house work such as vacuuming, sitting, sleeping, and dressing and undressing herself. The injured worker indicated that she wore shoes that zip up rather than shoes with laces because she was unable to bend over to tie them. The request is for a home health evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Home Health Services page 51. Page(s): 51.

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

**Decision rationale:** The injured worker has indicated she is having difficulties getting in and out of a car, bathing, dressing, and tying her shoes. The MTUS Chronic Pain Guidelines recommend home health for medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The MTUS Chronic Pain Guidelines state the 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. There is a lack of documentation regarding specifically the need for a home health evaluation. The MTUS Chronic Pain Guidelines do not recommend home health for homemaker services which are the issues the injured worker is complaining of difficulty. Therefore, the request is not medically necessary and appropriate.