MAXIMUS Federal Services

| Case Number: | CM14-0022604 | | |
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| Date Assigned: | 06/11/2014 | Date of Injury: | 09/07/2008 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

## 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 & Rehabilitation and is licensed to practice in 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 injured worker is a 52-year-old female with a reported date of injury on 09/07/2008. The mechanism of injury was not submitted within the medical records. The injured worker's previous treatments were noted to be physical therapy, steroid injections, medications and cognitive behavioral therapy. Her diagnoses were noted to include lumbar postlaminectomy syndrome. The progress note dated 05/28/2014 reported that the injured worker complained of a constant aching pain in the lumbosacral junction into both buttocks and down into the left foot. She also reported numbness and tingling to the left foot in the same distribution. The injured worker rated her pain as a 7/10 and that without her medications, she would be in the hospital. The pain was noted to be 80% in her back and 20% in her leg. The injured worker reported that she was able to take care of personal hygiene, including urinating, defecating, brushing and combing hair, bathing, dressing herself, eating and brushing her teeth. The injured worker also reported that she used a shower chair, and her husband helped her with her hair. The injured worker reported that she was able to engage in physical activity, including standing, sitting, reclining, walking and climbing stairs. The injured worker reported that she was able to drive, but she does not and that she was able to sleep well, including remaining asleep. The physical examination reported that the injured worker was using a 1-point cane and wearing a neoprene shoe on the left foot. The examination revealed that Faber's was positive bilaterally, and spasms were present in the lower lumbar paravertebral muscles bilaterally. The injured worker was able to flex with fingers to 28 inches from the ground and extend to 15 degrees with a normal of 25 degrees. The examination revealed that the right and left lower extremities showed full range of motion at the hips, knees and ankles bilaterally; and there was no instability to either knee. Straight leg raise was positive bilaterally, and muscle strength was noted to be 5/5. The neurological examination revealed that the deep tendon reflexes were the quadriceps femoris at

2+ bilaterally and the Achilles at 1+ bilaterally. There was decreased pinprick in the anterolateral aspect of both lower legs. The Request for Authorization form was not submitted within the medical records. The request is for home health care for activities of daily living for 4 hours twice a day times 4 weeks. The provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CARE ADLS 4 HRS BID X 4 WKS:** Upheld

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

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

**Decision rationale:** The request for home care for ADLs for 4 hours twice a day times 4 weeks is not medically necessary. The injured worker reported being more active in social events, including going to Disneyland with her grandchildren. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for injured workers who are homebound, on a part-time or intermittent basis, generally for 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 injured worker reported that she had been able to perform personal hygiene, including urinating, defecating, brushing and combing hair, bathing, dressing herself, eating and brushing her teeth. The injured worker reported that her husband helped her with her hair, and she was able to engage in physical activity, including standing, sitting, reclining, walking and climbing stairs. The documentation revealed that the injured worker ambulated with her cane and that she was able to drive but did not. The documentation provided reported that the injured worker had been able to go to Disneyland and was not homebound or receiving medical treatment to warrant home health care services. Additionally, the guidelines recommend no more than 35 hours per week, and the requested service is for 4 hours twice a day for 4 weeks, which exceeds the guideline recommendations. Therefore, the request is not medically necessary.