

<b>Case Number:</b>	CM14-0025326		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/11/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and 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 47-year-old female who reported an injury on 11/11/2007. On 12/03/2013 injured worker complained of numbness on the bottom of her left foot with increase pressure in her lumbar spine. It was noted she had anxiety and had the above symptoms for 2 months. On the physical examination, done on 12/03/2013 it revealed decreased mobility of the lumbar spine. There was tenderness to palpation along the lumbar paraspinal muscle with tightness and spasms along the lumbar paraspinal. The injured worker medication included Flector Patch. The injured worker diagnoses were cervical disk herniation with radiculitis/radiculopathy, left shoulder tendonitis and impingement syndrome, lumbar spine strain, disk lesion, lumbar spine with radiculitis/radiculopathy, insomnia, anxiety and depression. The injured worker treatment plan included home health care for 4 hours per day, for 7 visits per week for 1 week. The request for authorization was not submitted with this review.

### 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, 7 TIMES PER WEEK FOR 1 WEEK:**

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 visits for 4 hours per day, for 7 visits per week for 1 week is non-certified. Per Chronic Pain Medical Treatment Guidelines (MTUS) recommend medical treatment for patients who are homebound, on a part-time or "intermittent" basis, 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 only care is needed. The documented that was submitted was assist with the injured worker activities of daily living. In addition, there is no documented evidence that the injured worker is homebound on a part-time or "intermittent "basis to meet the California Pain Medical Treatment Guidelines (MTUS) to have Home Health Care for the injured worker. Furthermore the documents provided states that the injured worker has decrease mobility and no conservative measures have been done submitted such as physical therapy. Given the above, the request for Home Health Care for 4 hours per day, for 7 visits per week for 1 week in non-certified.