

<b>Case Number:</b>	CM14-0029358		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/14/1982
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Nevada. 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 74-year-old female who was reportedly injured on 8/14/1982. The mechanism of injury was not listed. The most recent progress note dated 5/19/2014, indicated that there were ongoing complaints of low back pain. The physical examination revealed "neurological function was intact." Diagnostic imaging studies mentioned x-rays completed on this date of service, which showed excellent alignment in the coronal and sagittal planes, with excellent construction and evidence of excellent bony consolidation. Previous treatment included lumbar surgery, medications, and conservative treatment. A request was made for home health aide 26 hours a week for 12 weeks, Registered Nurse evaluation prior to the end of care, and was not certified in the pre-authorization process on 2/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 26 hours per week for 12 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Home Health Services Page(s): 51.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support home health services 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. 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. Review of the available medical records documents that the claimant has had previous lumbar surgery. There is no documentation that the patient is homebound on a part-time or intermittent basis. Unfortunately, the request is not supported by the treatment guidelines and therefore is not considered medically necessary.

**RN evaluation prior to the end of care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Home Health Services Page(s): 51.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support home health services 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. 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. Review of the available medical records documents that the claimant has had previous lumbar surgery. There is no documentation that the patient is homebound on a part-time or intermittent basis. Unfortunately, the request is not supported by the treatment guidelines and therefore is not considered medically necessary.