

<b>Case Number:</b>	CM14-0034074		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/01/1994
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic Surgery 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 claimant has a reported industrial injury dated 3/1/96. Exam note from 02/28/14 demonstrates the claimant continues to have pain related to the sacroiliac joint dysfunction and desires to move forward with this procedure. Examination shows that there are positive compressions, Faber's and distraction tests. The gait is antalgic on the left. The claimant continues to be symptomatic and desires to move forward with the left sacroiliac joint fusion. Claimant is status post left sacroiliac joint fusion on 3/4/14. Appeal letter from 3/14/14 demonstrates that patient is status post three level ACDF and total disc with removal. Report states that patient is unable to self-propel a wheelchair. Report states that she requires help with activities of daily living and household chores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Wheelchair purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, page 99, state that power mobility devices are not recommended if the functional disability deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing and able to provide assistance with a manual wheelchair. In this case there is lack of demonstration of objective findings of functional impairment to warrant a power mobility device. Therefore, this request is not medically necessary.

**Home health aide for housekeeping services for 6 weeks:** Upheld

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 2/28/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, this request is not medically necessary.