

<b>Case Number:</b>	CM14-0036044		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 64 year-old female with a 8/26/09 date of injury. She has been diagnosed with a left ankle sprain; lumbar Degenerative Disc Disease (DDD); lumbosacral spondylosis without myelopathy; and internal derangement of the left knee. According to the 4/22/14 pain management report from [REDACTED], the patient presents with chronic left knee and low back pain. She has difficulty with Activities of Daily Living (ADLs) and uses a cane for ambulation but falls frequently. She lives alone. [REDACTED] recommended home health assistance 5 days a week for 5 hours a day. Comorbid conditions include hydrocephalus and ventriculoperitoneal (VP) shunt placed in January 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-Home/Home Health Assistance:** Overturned

**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 Home health services Page(s): 51.

**Decision rationale:** According to the 4/22/14 pain management report from [REDACTED], the patient presents with chronic left knee and low back pain. She has difficulty with ADLs and uses a cane for ambulation but falls frequently. Comorbid conditions include hydrocephalus and VP shunt placed in January 2014. She lives alone. [REDACTED] recommended home health assistance 5 days a week for 5 hours a day. The patient is homebound, and has back and left knee injuries and despite use of a cane is at risk for falls at home. The patient requires more than just the personal care provided by home health aides. The request is in accordance with MTUS guidelines, and is medically necessary.