

<b>Case Number:</b>	CM14-0036444		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/16/2005
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Anesthesiology 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 injured worker is a 56 year old female who reported an injury to her neck when a bin fell on her on 03/16/05. Utilization review dated 03/12/14 resulted in a denial as no information was submitted confirming the medical necessity for services. There was no documentation indicating a need outside of homemaking services. A clinical note dated 01/27/11 indicated the patient undergoing C4-5 and C5-6. Anterior cervical discectomy and fusion (ACDF). A clinical note dated 12/03/12 indicated the patient being recommended for gym membership following ACDF surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chore services per diem:** 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 Home health services Page(s): 51.

**Decision rationale:** Clinical documentation indicates the patient previously undergoing surgical procedure in the cervical spine. Home health services are indicated for patients who have medical necessity treatment and are unable to leave the home without undue stress. No

information was submitted regarding continued medical necessity. It is unclear if the patient is able to leave the home as no information was submitted regarding ongoing functional limitations. Therefore, it is unclear if the patient would require home health services on per diem basis. The request is not medically necessary.