

<b>Case Number:</b>	CM14-0037108		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 patient is a 50-year-old who sustained multiple orthopedic injuries in a work related accident on May 19, 2010. The records provided for review document the patient's injuries involved his low back, right shoulder, cervical spine and hand. A recent progress report of April 23, 2014 noted continued symptoms of the bilateral trapezial region and right arm as well as radiating pain to the lower extremities from the low back. Physical examination showed 5/5 motor strength to the upper and lower extremities, equal and symmetrical deep ended reflexes, full sensation; a muscular examination showed tenderness and spasm of the spinous processes of the lumbar spine and trapezial muscles. The patient was diagnosed with lumbago and cervalgia, left shoulder internal derangement and left knee internal derangement. The recommendation for home health care, two hours per day, six days a week, was made because the patient had difficulty "performing activities of daily living, such as cleaning the house and taking care of his children".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care 2 hrs/day x 6 days/week (duration unspecified): 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 : Home health services, page 51. Recommended only for otherwise recommended 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 Page(s): 51.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the recommendation for home care in this case would not be supported. The patient's current diagnosis of lumbago, cervalgia, and internal derangement to the left knee with no indication of recent surgery would not support the role of home health care. Treating provider specifically indicates that home health care was for house care related tasks. The Chronic Pain Guidelines do not recommend home health services for these types of homemaker services. Therefore, the patient's current clinical presentation would not support the role of home health care at this time. The request for home care, two hours daily, six days weekly (full duration unspecified), is not medically necessary or appropriate.