

<b>Case Number:</b>	CM14-0038969		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Family Practice 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 66 year old male claimant sustained a work injury on 8/1/01 involving the low back and right knee. He was diagnosed with lumbar radiculopathy and underwent L4-S1 spinal fusion. He developed post-laminectomy syndrome. His chronic medical illnesses include: diabetes, Parkinson's, hypertension and gastritis. A progress note on 2/12/14 indicated the claimant had low back, hip and shoulder pain. The exam findings were notable for tenderness in the cervical/lumbar region and left great trochanter. The treating physician recommended physical therapy and home health evaluation for assist in activities of daily living, housekeeping and grocery shopping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Evaluation:** 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 evaluation Page(s): 51.

**Decision rationale:** According to the MTUS guidelines, home health services are recommended only for medical treatment for patients who are home-bound, on a part-time or intermittent basis,

generally up to no more than 35 hours per week. The 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. The request had been made for purposes of shopping and housekeeping. Based on the guidelines, the home services are not medical necessary.