

<b>Case Number:</b>	CM14-0062343		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 73-year-old female was reportedly injured on March 18, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 9, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities as well as left knee pain. The physical examination demonstrated tenderness over the lower lumbar spine paravertebral muscles. There was decreased lumbar spine range of motion and normal lower extremity strength. The physical examination of the left knee noted a well-healed anterior incision and range of motion from 0 to 85. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for 16 hours of home healthcare and housekeeping assistance and was not certified in the pre-authorization process on April 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixteen hours of home healthcare and housekeeping assistance per week: 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 of 127.

**Decision rationale:** According to California Chronic Pain Medical Treatment Guidelines the criteria for home health services includes that the injured employee be homebound on at least a part-time or intermittent basis. A review of the attached medical records does not indicate that the injured employee is homebound. Therefore this request for 16 hours of home healthcare and housekeeping assistance each week is not medically necessary.