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| <b>Case Number:</b>   | CM14-0065187 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 02/05/2008 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 05/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/08/2014 |

### 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 53-year-old male was reportedly injured on 2/5/2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 4/8/2014, indicates ongoing complaints of low back pain. The physical examination was handwritten and grossly illegible. It did however, show positive straight leg raise bilaterally, right greater than left and decreased sensation, right greater than left at the L4, L5 and S1 dermatomes. There was decreased musculature to the left thigh and calf in comparison to contralateral side. There were also positive joint pain, muscle spasm and sore muscles. No recent diagnostic studies were available for review. The previous treatment included physical therapy, medications, and conservative treatment. A request was made for home care assistance 4 hours daily 5 days a week for 6 weeks and was not certified in the pre-authorization process on 5/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CARE ASSISTANCE FOR HOUSEKEEPING, COOKING, LAUNDRY 4 HOURS DAILY, 5 DAYS A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Home Health Services, page 51 of 127 Page(s): 51 of 127.

**Decision rationale:** Home health services are only for otherwise recommended 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 is given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. After reviewing the medical documentation provided, it was difficult to ascertain the current history and physical exam status of the injured worker due to the handwritten note. I was unable to determine if the injured worker's complaint/injuries met the above mentioned criteria for home health services. Therefore, this request is deemed not medically necessary.