

<b>Case Number:</b>	CM14-0065724		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/09/1983
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/24/2014
<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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 61-year-old male who was lifting a box of candy when he sustained injury on 12/09/1983. The injury involved the lower back, right shoulder, and right knee. The injured worker has been diagnosed of Lumbar stenosis, S/P right L3-L4, 4-5, L5-S1 Hemilaminotomy and foraminotomy, Displacement of lumbar intervertebral disc without myelopathy, post ops right foot drop. The worker is reported to be unable to drive; he has difficulty getting in and out of shower, and he has fallen on several occasions while in the bath. On examination, he was found to have marked reduction in lumbar range of motion, moderate muscle weakness in his right lower extremity, diminished sensation in his left and right extremities. The MRI of 10/2013 found severe canal stenosis at L2-L3, and L4-L5, multilevel spondylitic changes, especially at L3-L4, severe right sided neuroforaminal stenosis, and moderate left neuroforaminal stenosis, severe central canal stenosis at L2-3, and L4-L5; nerve studies done on 02/2014 revealed moderate chronic right L5 Radiculopathy, weakness of right foot dorsiflexion, inversion and eversion. The nerve conduction studies revealed absent motor recording of the right peroneal nerve involving the extensor digitorum brevis and the tibialis anterior. Also, the needle EMG of the right lower extremity was positive for chronic denervation in muscles supplied by the right L5 nerve root. The nerve studies was normal for the left lower extremity. The injured worker has been treated with epidural steroid injections, post op physical therapy, Lyrica, Norco, Tramadol, Ambien, Nexium, Benzapril, medrol dose pack, omeprazole. In dispute is the request for Home Care, Hygiene, and Laundry 8 Hours/Week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care, Hygiene, Laundry 8 Hours/Week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis, 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. Therefore, the request for Home Care, Hygiene, Laundry 8 Hours/Week is not medically necessary and appropriate.