

<b>Case Number:</b>	CM14-0066780		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 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:

According to the records made available for review, this is a 40-year-old female with a 1/31/03 date of injury. At the time (4/15/14) of request for authorization for home health aid ten to twelve hours per day assistance with activities of daily living, there is documentation of subjective (low back pain, recent right humerus fracture, and poor quality of sleep) and objective (decreased lumbar range of motion due to pain, tenderness to palpation over the lumbar paravertebral muscle, allodynia on both sides of the lumbar spine, and decreased motor strength and sensation of the bilateral lower extremities) findings, current diagnoses (post lumbar laminectomy syndrome, low back pain, fibromyalgia, and muscle spasm), and treatment to date (medications). In addition, medical report identifies a request for home health aid to help with activities of daily living, as the patient recently fell due to leg weakness and sustained a right humerus fracture. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aid Ten To Twelve Hours Per Day Assistance With Activities of Daily Living:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 206, 91, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, low back pain, fibromyalgia, and muscle spasm. However, despite documentation of a request for home health aid to help with activities of daily living, as the patient recently fell due to leg weakness and sustained a right humerus fracture, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. In addition, the proposed number of hours per week exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for home health aid ten to twelve hours per day assistance with activities of daily living is not medically necessary.