MAXIMUS Federal Services

| Case Number: | CM14-0073567 | | |
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| Date Assigned: | 07/16/2014 | Date of Injury: | 03/15/2006 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

## 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 Anesthesiology, has a subspecialty in Pain 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 66-year-old male who was reportedly injured on 03/15/2006. Diagnoses include low back pain, post lumbar laminectomy syndrome and spinal lumbar degenerative disc disease. Progress report dated 03/31/2014 indicated that the injured worker's pain had increased due to a fall with an injury to the left leg. Sleep has been poor and activity level has decreased. Pain medication includes Oxycodone and Soma. Slow, wide-based gait noted and ambulated with a cane. Lumbar range of motion was restricted with flexion limited by pain to 30 degrees and extension limited by pain to 10 degrees. There were paravertebral muscle spasm; tenderness and tight muscle band were noted on both sides. SLR test was positive in sitting at 60 degrees bilaterally. Motor strength of EHL was 4-bilaterally, ankle dorsi flexors, ankle plantar flexors, knee extensors and hip flexors 4 bilaterally. Light touch sensation decreased over lateral calf on the right side. Deep tendon reflexes, knee jerk was 2 bilaterally, ankle jerk 1 on the left and 0 on the right Achilles. Mild edema in the lower extremities but no calf tenderness and Homan's sign. A request was made for Home Health Aide 3 times a week for 3 Hours per event to Help with ADLs and was not certified on 05/09/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 3 times a week for 3 Hours per event to Help with ADLs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- Home Health Services

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Home Health Services

**Decision rationale:** Per ODG, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis. Such treatment does not include homemaker services such as shopping, cleaning and laundry; and personal care given by home health aides such as bathing and dressing when this is the only care needed. The injured worker is status post L4-S1 decompression and interbody fusion in 2008. On 03/12/14 the injured worker is noted to have fallen when his right leg gave away, and his left leg was injured. The injured worker was seen in follow-up on 05/02/14. There is no documentation that the injured worker is homebound, or that he is unable to perform activities of daily living (ADLs). Based on the clinical information provided, the request for Home Health Aide 3 times a week for 3 Hours per event to Help with ADLs is not recommended as medically necessary.