

<b>Case Number:</b>	CM14-0080750		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/06/1996
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Internal Medicine 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:

The patient is an injured worker with chronic low back conditions. Date of injury was 09-06-1996. Primary treating physician's progress report dated April 29, 2014 documented subjective complaints of low back pain. Medications included Hydrocodone-Acetaminophen 7.5/500 mg, Cymbalta, Glyburide, Amlodipine, Diazepam, and Simvastatin. Physical examination documented lumbar tenderness and spasm, decreased range of motion, weight 175 pounds, negative straight leg raising test, and bilateral lower extremity strength 5/5. Diagnoses were lumbar disc herniation and sacroiliac sprain and strain. Home Aide was requested. Utilization review determination date was 05-14-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Aid:** Upheld

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are

recommended only for medical treatment for patients who are homebound. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. Home health aides are not considered medical treatment, and are not recommended. MTUS guidelines state that home health services are recommended only for medical treatment for patients who are homebound. The medical records do not indicate that the patient is homebound. The patient has expressed interest in a gym membership and exercise, indicating that the patient is not homebound. Because the patient is not homebound, the patient is not a candidate for home health services per MTUS. Because home health aides are not considered medical treatment, home health aides are not supported by MTUS guidelines. MTUS guidelines do not support the medical necessity of a home aide. Therefore, the request for Home Aides is not medically necessary.