

<b>Case Number:</b>	CM14-0086662		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Occupational 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:

This is a 39-year-old female with a 4/22/10 date of injury. The mechanism of injury occurred when the patient was hit in the ear area by a football that was thrown by a student. Her neck snapped upon impact of the ball causing pain in her neck and shoulders. According to a progress report dated 7/11/14, the patient was recovering well from her extensive posterior repair of pseudarthrosis in the neck. The patient's objective findings included tenderness and clear spasm in the left and right paracervical areas, focal tenderness in a palpable taut band of skeletal muscle which produced a local twitch response to pressure against the band. The patient's diagnostic impression included cervicgia, cervical disc displacement, cervical spinal stenosis, brachial neuritis. The patient's treatment to date includes medication management, activity modification, surgery and trigger point injections. A UR decision dated 5/16/14 denied the request for childcare and assist home living for eight hours daily for one month. There is no evidence of a need for clinical services to be rendered by an aide. The request is not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Childcare and Assist Home Living for eight (8) Hours daily for one (1) Month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. There is no documentation that home care is being requested for any medical necessity. The patient is not noted to be homebound. In fact, it is noted that she plans to resume her work activity soon. Therefore, the request for childcare and assist home living for eight (8) hours daily for one (1) month was not medically necessary.