

<b>Case Number:</b>	CM13-0037596		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/15/2001
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Emergency 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 67-year-old female who reported an injury on 01/15/2001. The mechanism of injury was not documented within the clinical notes. The injured worker's diagnoses included fibromyalgia syndrome and chronic back pain. The past treatments included physical therapy. There was no official diagnostic imaging studies submitted for review. There was no surgical history documented within the clinical notes. The subjective complaints on 10/26/2005 included low back pain. The physical exam to the lumbar spine noted the range of motion is only about 15% of normal. The physical examination to the cervical spine revealed that the range of motion is only 15% of normal. It is also noted that the injured workers gait is very sluggish. The injured worker's medications were noted to include Altace. The treatment plan was not noted in the clinical notes. A request was received for a home health aide. The rationale for the request was not documented within the clinical notes. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide (DOS: 08/12/2013 - 08/23/2013): Upheld**

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

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

**Decision rationale:** The request for home health aide (DOS: 08/12/2013 - 08/23/2013) is not medically necessary. The California MTUS Guidelines state 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. There was a lack of documentation in the clinical notes that the patient is homebound. In the absence of the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.