

<b>Case Number:</b>	CM14-0189135		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/15/2007
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Orthopedic Surgery and is licensed to practice in South Carolina. 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 35-year-old female who reported an injury on 05/15/2007. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post C6-7 anterior discectomy and fusion and cervical spondylosis. Medical treatment has consisted of physical therapy, water therapy, surgery, and medication therapy. Medications include Percocet and Valium. Diagnostics included cervical spine x-rays which demonstrated nice placement of the graft and instrumentation at C6-7 with moderate C5-6 disc degeneration at mild kyphosis. On 10/22/2014, the injured worker was seen at a follow-up appointment. She stated she was doing well. She had some discomfort in her shoulders. Physical examination revealed a well healed incision. The injured worker demonstrated range of motion of her cervical spine with mild pain upon palpation. There was normal strength in the bilateral upper and lower extremities. The medical treatment plan is for home health care, 5 hours per week for 3 weeks. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Home health care, 5 hours per week for 3 weeks: Upheld**

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

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

**Decision rationale:** The request for home health care, 5 hours per week for 3 weeks is not medically necessary. The California MTUS recommend home health services only for 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, personal care. Care given by home health aides, like bathing, dressing, and using the bathroom is the only care needed. The submitted documentation had no evidence or description of the injured worker's functional level or why the injured worker required home healthcare services. The physical examination dated 10/22/2014 indicated that the injured worker had decreased range of motion of the cervical spine with mild pain upon palpation. However, it also indicated that the injured worker had normal strength in the upper and lower extremities bilaterally. It was documented that she ambulated well, with mild discomfort. It was also documented that the injured worker was alert, well oriented, and grossly normal. There was no evidence suggesting that the injured worker would need the use of a home healthcare service. Additionally, there was no rationale submitted for review to warrant the request. Given the above, the injured worker is not within the California MTUS recommended guideline criteria. As such, the request is not medically necessary.