

<b>Case Number:</b>	CM15-0008306		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old female, who sustained an industrial injury on 01/10/2012. She has reported subsequent neck pain and was diagnosed with status post cervical laminoplasty, stabilized cervical myelopathy and postoperative pain. Treatment to date has included oral medication, physical therapy, epidural steroid injections, facet joint injections and surgery. Utilization Review mentions progress notes reviewed from 10/2014 however these progress notes were not included for review. The only medical documentation submitted is a PR-2 and spinal progress note from 12/15/2014. The injured worker was noted to have some continued neck pain which was improving slowly. Objective physical examination findings were notable for pain to palpation over C3-C6 with palpable paraspinal muscle spasms, limited range of motion secondary to post-operative pain and diminished sensation in the bilateral upper extremities in the C4 and C5 distribution. No medical documentation pertaining to the current treatment request was submitted for review. On 12/18/2014, Utilization Review non-certified a request for home health services 4 hours/day x 6 days/week for three months, noting that home health treatment is not recommended for homemaker services or personal care when this is the only care needed. ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health services 4 hours/day x 6 days/ week for three months QTY : 72: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines: Neck and Upper Back (Acute & Chronic)

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

**Decision rationale:** Based on the 12/15/14 progress report provided by treating physician, the patient is status post cervical laminectomy 10/22/14. The request is for Home Health Services 4 Hours/Day X 6 Days/ Week For Three Months QTY: 72. Patient's diagnosis on 12/15/14 included cervical herniated nucleus pulposus. The patient is temporarily totally disabled. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by homehealth aides like bathing, dressing, and using the bathroom when this is the only care needed." Treater has not provided reason for the request. There is no documentation as to why the patient is unable to perform self-care. It does not appear the patient is home bound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the requested home healthcare would not be indicated. Per physical exam on 12/15/14, the patient has a normal gait. The MTUS guidelines are clear that Home Care is for medical treatment only. There is no documentation found in the reports provided that the patient requires medical treatment at home. Therefore, the request IS NOT medically necessary.