

<b>Case Number:</b>	CM15-0147862		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/26/2004
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 65-year-old male with an industrial injury dated 07-26-2004. His diagnoses included cervical spine stenosis, left upper extremity radiculopathy, lumbar spine degenerative disc disease, bilateral knee total knee replacement. Prior treatment included multiple knee surgeries and medications. Comorbid diagnoses included diabetes and hypertension. He presented on 05-14-2015 for surgery. He reported that his back had been progressively worse in terms of pain. He reported gait instability requiring cane assistance. He was scheduled for cervical 3-cervical 7 laminectomy and fusion. Physical exam noted he ambulated with a wide based gait. He was unable to perform tandem gait or ambulate on his toes and heels. Surgery was performed and he was discharged on 05-12-2012. The request for Physical Therapy Cervical Spine 3x2 2x2 1x2 (12 sessions) was not listed on application. The treatment requests for review are home health care and DME TLSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health care:** 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:** According to MTUS guidelines, home care assistance is "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. (CMS, 2004)" In this case, the patient is stated post cervical decompression dated April 27, 2015; however, there is no evidence that he is homebound or requires any medical treatment in the home setting. Therefore, the request for Home health care is not medically necessary.

**DME TLSO Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Kronos Lumbar Pneumatic Brace is not medically necessary.