

<b>Case Number:</b>	CM15-0149192		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/19/1998
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Hawaii  
 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 90 year old female who sustained a work related injury January 19, 1998. She fell in a bathtub while giving a home care patient a bath with injury to the neck and back. According to a physician's follow-up report, dated June 24, 2015, the injured worker presented with complaints of difficulties with bathing herself, cooking, changing the sheets on her bed, and going to the grocery store. Her family members do not assist in her care. She reports that the cervical collar and Terocin lotion have been helpful in reducing her neck pain by up to 50% and the oral anti-inflammatories have not been helpful. Physical examination revealed diffuse tenderness over the cervical spine. She holds her neck slightly rotated to the left. She can rotate the cervical spine 45 degrees to the left and 10 degrees to the right , both are painful. She can flex the cervical spine 15 degrees and is able to extend it, diffuse tenderness is present in the lower neck C6-C7. There is minimal tenderness to palpation across the lower lumbar area and up into the thoracic area. She can bend the lumbar spine 30 degrees. Impression is documented as chronic cervical pain with multilevel degenerative disc disease; spinal stenosis; extruded disc C4-C5; chronic headache; chronic lumbar pain. At issue, is the request for authorization for a home aide three times a week for eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home aide 3 times a week for 8 weeks: Upheld**

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

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

**Decision rationale:** The patient presents with neck and back pain. The current request is for home aide 3 times a week for 8 weeks. The treating physician states that the patient has troubles with activities of daily living such as bathing herself, cooking, changing the sheets on her bed and going to the grocery store (17). The MTUS guidelines state 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." In this case, the treating physician notes tenderness and some reduced range of motion, but functional levels have not been provided in the documentation. The treating physician states that it is impossible to tell if the pain source is due to the injury or the effects of aging. The activities of daily living including shopping and changing the sheets on her bed are not considered medical treatment provided by home health services. The current request is not medically necessary.