MAXIMUS Federal Services

| Case Number: | CM15-0188125 | | |
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| Date Assigned: | 09/30/2015 | Date of Injury: | 03/23/2012 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

## 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 65 year old female, who sustained an industrial injury on 3-23-12. She reported injury to her neck, back, wrists, hands, knees, hips, and pelvis. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having cervical herniated pulposus, lumbar herniated nucleus pulposus, and bilateral knee degenerative disc disease. Treatment to date has included bilateral knee injections x3, lumbar epidural injections, physical therapy, acupuncture, and knee supports. Physical examination findings on 8-3-15 included cervical tenderness to palpation with spasm and lumbar spine paraspinal tenderness to palpation with paraspinal spasms. A straight leg raise test was positive. On 8-28-15 the treating physician noted the injured worker had "difficulty with taking off her clothes. On some days she has difficulty with showering secondary to the pain in her neck and shoulders. The patient has difficulty with heavy lifting." On 8-3-15, the injured worker complained of neck pain, low back pain, and right knee pain. The treating physician requested authorization for home care for activities of daily living 3 times weekly. On 8-31-15 the request was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care for ADLs (activities of daily living), 3 times weekly (no hours per day or number of weeks specified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** The patient presents with neck pain radiating into the shoulders, shoulder pain radiating into the bilateral arms, left wrist pain radiating into the left hand, low back pain radiating into the lower extremity, and bilateral knee pain. The request is for HOME CARE FOR ADLS (ACTIVITIES OF DAILY LIVING), 3 TIMES WEEKLY (NO HOURS PER DAY OR NUMBER OF WEEKS SPECIFIED). The request for authorization is not provided. Physical examination of the cervical spine reveals tenderness to soft tissue palpation over the midline and over the paracervical musculature bilaterally. There isn't any palpable spasm. Pain at the extremes of all ranges of motion. Exam of shoulders reveals diffuse tenderness on palpation of both shoulders. Pain over the lateral acromion, anterior capsule, and posterior capsule. Limited range of motion. Impingement sign bilaterally. Tenderness over the acromioclavicular joints bilaterally. Exam of the knees reveals significant crepitus with flexion and extension. Slight improvement with acupuncture. Patient's medications include Losartan, Triamterene, Atenolol, Aspirin, Simvastatin, Vitamin D, Omeprazole, Centrum, and Omega 3. Per progress report dated 09/11/15, the patient to remain off work. MTUS Guidelines, Home Service Section, page 51, states, 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 home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Per progress report dated 08/17/15, treater's reason for the request is "FOR ADL'S 3X WEEK." In this case, there is no documentation as to why the patient is unable to perform self-care and 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 request for home health care would not be indicated. Also, MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. MTUS recommends up to 35 hours per week for home service. However, the guidelines specifically states medical treatment does not include homemaker services like "cleaning." Therefore, the request IS NOT medically necessary.