

<b>Case Number:</b>	CM15-0200106		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Texas, California Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old female patient, who sustained an industrial injury on 1-28-08. She sustained the injury while pulling tower cages. The diagnoses include right knee acute strain-sprain; rule out meniscus tears and lumbosacral spine musculoligamentous strain-sprain. Per the doctor's note dated 9/17/15, she had transition syndrome above the level of her fusion at L2-3 and L3-4. Per the doctor's notes dated 5-8-15 and 6-19-15 she had complaints of low back pain (right greater than left) accompanied by numbness and tingling as well as right lower extremity pain. She reported the right leg gives way, which results in falls. Physical examinations dated 5-8-15 and 6-19-15 revealed an altered gait and exquisite tenderness on palpation throughout the entire knee joint especially over both meniscuses, range of motion approximately 30 degrees in all planes and results in pain, unable to heel-toe walk on the right and decreased sensory over her right lower extremity; ambulate with a cane (per the note 6/19/15). The medications list includes lyrica, oxycontin, oxycodone 15 and 30 mg, ativan, lidoderm patch, norco, miralax and motrin. Treatment to date has included physical therapy and brace, which was not helpful per note dated 6-19-15, cane, surgical interventions; circumferential fusion at L4-L5 and L5-S1, laminectomies and discectomies and medications. Date and report of surgery was not specified in the records provided. A request for authorization dated 7-27-15 for retrospective request for home visit for assistance with activities of daily living and personal care 4 hours a day for 4 days a week is denied, per Utilization Review letter dated 9-11-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Home visit for assistance with activities of daily living and personal care Qty 4 hrs day/ 4 days week: Upheld**

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

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

**Decision rationale:** Retrospective request for Home visit for assistance with activities of daily living and personal care. Per the cited guidelines, regarding home health services recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. Evidence that the patient is totally homebound or bed ridden is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The medical necessity of Retrospective request for Home visit for assistance with activities of daily living and personal care is not fully established in this patient, based on the records provided. The request is not medically necessary.