

<b>Case Number:</b>	CM15-0204126		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 41-year-old female with a date of industrial injury 3-2-2012. The medical records indicated the injured worker (IW) was treated for other internal derangement of the knee; chronic regional pain syndrome, type II, lower extremity; chronic pain due to trauma; chronic postoperative pain; and chronic regional pain syndrome. Medications included Relistor, Zanaflex, Trazodone, Opana ER, gabapentin, Opana, venlafaxine ER and Marinol. In the progress notes (8- 5-15, 8-31-15, 9-15-15, 9-29-15), the IW reported constant back pain and right knee pain rated 5 to 10 out of 10 on average; at the time of the most recent visit, pain was 5 out of 10. The provider noted "less pain low back". On examination (9-29-15 notes), her hygiene was good and she was well-nourished. She was in moderate distress. She walked with a cane. The surgical wound to the left posterior lower back was healing well. Two small sutures were removed. There was a small area superior to the scar that was tender, but without redness, drainage or induration. An incision and drainage of the site was performed and the specimen sent for lab analysis. Fluoroscopic imaging did not reveal any foreign object in the wound. The IW was afebrile. Treatments included medications, spinal cord stimulator implantation and subsequent removal, injections and rest. The IW was disabled. The notes reviewed did not indicate the IW was homebound on an intermittent or permanent basis. The patient sustained the injury when she was pushing a medicine cart and hit from behind. Per the note dated 10/1/15 the patient had complaints of pain in back and right knee at 6-10/10 that was relieved with rest and medication. Physical examination revealed the patient was in acute distress and uses a walker for ambulation. The patient's surgical history includes laparoscopy and abdominal surgery. The

patient underwent removal of a spot approximation implant.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Non medical assistance at home 6 hours per day:** 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:** Request: Non-medical assistance at home 6 hours per day. Per the CA MTUS guidelines cited below, regarding home health services "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." Documented evidence that patient is totally homebound or bedridden is not specified in the records provided. A medical need for home health services like administration of IV fluids or medications or dressing changes 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 presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Non-medical assistance at home 6 hours per day is not fully established in this patient. The request is not medically necessary.