

<b>Case Number:</b>	CM15-0022092		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona

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 documentation indicated the injured worker was a 41-year-old male who reported an injury on 09/05/2014. Prior therapies were not provided. The mechanism of injury was the injured worker was standing on a ladder approximately 7 feet above the ground when he lost his balance and fell into the cement ground. The documentation of 12/01/2014 revealed the injured worker had severe neck and low back pain rated an 8/10. The physical examination revealed tenderness in the bilateral cervical paraspinals. The injured worker had tenderness in the lumbar paraspinals bilaterally. The strength and dermatomes were within normal limits. The diagnoses included displacement of cervical intervertebral disc without myelopathy, thoracic disc disease, displacement of the lumbar intervertebral disc without myelopathy, internal derangement left wrist, and gastroesophageal reflux. The treatment plan included a consultation and a home health aide for 3 months to assist with activities of daily living. The medications included topical creams and Vicodin 5/300 mg #80.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide (24 Hours/Day, 7 Days/Week X 3 Months): 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 Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are home bound and who are in need of part time or intermittent medical treatment of up to 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. The clinical documentation submitted for review indicated the injured worker needed assistance with activities of daily living. There was a lack of documentation indicating the injured worker needed medical care. There was a lack of documentation indicating a necessity for home health care for 3 months. Given the above, the request for home health aide (24 hours/day, 7 days/week x 3 months) is not medically necessary.