

<b>Case Number:</b>	CM15-0216471		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old male who sustained an industrial injury on 06-03-2013. According to a history and physical report dictated on 10-18-2015, the injured worker was admitted to the hospital on 10-17-2015 and underwent spine surgery. Admitting diagnoses included spondylolisthesis lumbar region, surgical management, chronic lumbar back pain, lumbar spondylosis, alcohol abuse and tobacco abuse. Postoperatively, the injured worker had some impulsivity and confusion which had improved over time. He also had a postoperative ileus which was resolving. The provider noted that prior to hospitalization, the injured worker was functionally independent. At the present time, he was a set up assist level for eating, grooming, mod assist for bathing, set up assist for upper body dressing, max assist for lower body dressing, minimal assist for toileting, max assist for problem solving, moderate assist for memory, minimal assist for social interaction verbal expression and comprehension and max assist for ambulation. The plan of care included rehabilitation for 2 weeks. On 10-30-2015, Utilization Review non-certified the request for caregiver 8 hours per day x 30 days and home health services PT-OT-RN-ST-MSW-HHA 3 visits per week for 8 weeks. The request for bedside commode for 99 months, shower chair with handrails and adaptive equipment hip kit (reacher, sock aid, shoe horn, and long handled sponge) for 99 months was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caregiver 8 hrs per day x 30 days: 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:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 10/17/15 that the patient is home bound. There are no other substantiating reason why health services to include a caregiver home are required. Therefore the caregiver is not medically necessary.

**Home health services PT-OT-RN-ST-MSW-HHA 3 visits per week for 8 weeks: 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:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 10/17/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore the request is not medically necessary.