

<b>Case Number:</b>	CM15-0032834		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 55-year-old female who reported an injury on 08/06/2012. The mechanism of injury was not provided. The diagnoses included lumbar radiculopathy, sprains and strains of the ankle, and unspecified internal derangement of the knee. Prior therapies included aquatic therapy and physical therapy. The medications included hydrocodone/APAP 5/500 mg 1 twice a day, capsaicin 0.025% cream 2 times a day, omeprazole DR 20 mg 1 tablet daily, and tramadol hydrochloride 50 mg 1 twice a day. The documentation of 01/22/2015 revealed the injured worker had right lower extremity pain and right knee pain. The injured worker had pain in the cervical spine and lumbar spine due to an abnormality of gait caused by right lower extremity injury. The injured worker had associated numbness and tingling in her right lower extremity as well as a burning sensation. The injured worker was noted to have a caretaker that helped with hygiene, housekeeping, getting dressed, and other activities of daily living 4 times a week for 4 hours. The physical examination revealed spasms of the lumbar spine and restricted range of motion. The bilateral knee joint lines were tender to palpation. The examination of the bilateral ankles revealed anterior talofibular ligaments that were tender to palpation. Range of motion was within functional limits for both the ankles and the knees. The treatment plan included a shower chair to prevent falls and home health care 4 times a week for 4 hours to help with hygiene, housekeeping, getting dressed, and other activities of daily living. There was a Request for Authorization submitted for review dated 01/22/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 4 times per week for 4 hours for hygiene, housekeeping, getting dressed and other activities of daily living (ADLs) for right lower leg/knee and lumbar spine:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 homebound 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 request was made to help the injured worker with her activities of daily living. There was a lack of documentation indicating the injured worker was in need of medical care. As such, the request for home health care 4 times per week for 4 hours for hygiene, housekeeping, getting dressed and other activities of daily living (ADLs) for right lower leg/knee and lumbar spine is not medically necessary.