

<b>Case Number:</b>	CM15-0035226		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Pain Management

### 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 52-year-old male, with a reported date of injury of 02/24/2012. The diagnoses include cervical disc herniation, status post C5-C6 anterior cervical decompression and fusion, and bilateral C7 radiculopathy. Treatments included physical therapy, a computerized tomography of the cervical spine on 11/04/2014, an MRI of the cervical spine on 10/23/2014, an x-ray of the cervical spine on 09/30/2014, two nerve block injections at C5-6 and C6-7, and oral medications. The medical report dated 01/15/2015 was handwritten and illegible. The supplemental report of occupational injury dated 09/30/2014 indicated that the injured worker complained of neck pain, with radiation down the arm to the index finger, middle finger, and ring finger associated with numbness in the fingers and forearm. He rated his pain 4 out of 10. The physical examination showed a slight antalgic gait and tenderness to palpation in the midline cervical spine and medial scapula. The treating physician recommended home health care. On 02/06/2015, Utilization Review (UR) denied the request for a home health care for the submitted diagnosis of cervical arthrosis with myelopathy, status post cervical fusion as an outpatient. The UR physician noted that there was no indication for the need of any home health care. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care for the submitted diagnosis of cervical arthrosis with myelopathy, status post cervical fusion as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

**Decision rationale:** Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.