

<b>Case Number:</b>	CM15-0054428		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	05/10/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Massachusetts

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 36 year old female, who sustained an industrial injury on 05/10/2008. The injured worker is currently diagnosed as having lumbar stenosis status post lumbar laminectomy. Treatment to date has included lumbar MRI, lumbar surgery, physical therapy, and medications. In a progress note dated 02/25/2015, the injured worker presented for a 2 week follow up from her lumbar laminectomy. The treating physician reported that the injured worker continues to need a Home Health Aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 4hours/day, 5 days/ week x 6 weeks, quantity 30:** 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) Low Back, Home Health Services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** The claimant sustained a work-related injury in May 2008 and underwent multilevel laminectomies on 02/12/15. She was seen by the requesting provider and was able to ambulate with a rolling walker. There was diffuse right lower extremity weakness. Her weight bearing had improved. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has been able to attend outpatient follow-up appointments and is able to ambulate at a modified independent level of function. Although extensive, her surgery appears to have been uncomplicated. Therefore, the requested continuation of home health care services is not medically necessary.