

<b>Case Number:</b>	CM15-0080399		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/04/2006
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 1/4/2006. He reported stiffness and pain in the right low back radiating to the right lower extremity. Diagnoses have included lumbar spondylosis, left Achilles bursitis or tendinitis and history of left insertional Achilles tendinitis status post primary repair. Treatment to date has included lumbar epidural steroid injection, spinal cord stimulator implant and surgery. The injured worker underwent left Achilles secondary repair on 3/31/2015. According to the progress report dated 4/15/2015, the injured worker was doing well post surgery. The pain in his back extending to the right lower extremity was noted to be generally under control after he received shots in his back. The left heel incision was clean, dry and intact. Mild paresthesias were noted plantarly. The injured worker was to be in a CAM walker boot with a wedge for the next four weeks. He was to be non-weight bearing on the left. Authorization was requested for home care four hours a day for six weeks. The patient has had low back spasm, severe right sided sciatic problem, muscle weakness, unable to ambulate with either leg, bedbound without assistance, the patient's wife is working outside home and cannot help him in bathing, hygiene and other daily activity, the patient sustained the injury due to fall in bathroom, the patient has had X-ray of the left foot that revealed area of calcification, the patient was authorized for Home care 5 hours per day x 1 week on 3/31/15, the patient has used a calm walker boot for this injury, the medication list include Lyrica, Motrin and Flexcil, the patient's surgical history include back surgery at L4-5 level and spinal cord stimulator, the patient has had history of ESIs for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care 6 weeks/4 hours per day x 6 weeks:** 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 Home health services.

**Decision rationale:** Home care 6 weeks/4 hours per day x 6 weeks. Per the CA MTUS guidelines cited below, regarding home health services: 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 patient was authorized for Home care 5 hours per day x 1 week on 3/31/15. Response to these Home care visits and previous Home care notes are not specified in the records provided. Objective documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The medical necessity of the request for Home care 6 weeks/4 hours per day x 6 weeks is not fully established in this patient. Therefore, the requested medical treatment is not medically necessary.