

<b>Case Number:</b>	CM15-0098887		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 male injured worker suffered an industrial injury on 01/28/2010. The diagnoses included cervical and lumbar musculoligamentous strain, lumbar radiculopathy, 4 spinal surgeries, failed back syndrome, neurogenic bowel and bladder, bilateral carpal tunnel releases with recurrence and bilateral shoulder impingement syndrome. The injured worker had been treated with physical therapy, chiropractic therapy, multiple surgeries and medications. On 12/1/2015, the treating provider reported he had significant clinical and functional residuals requiring home care assistance. The provider reported he was very limited functionally. The treatment plan included 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 5 times a week for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services.

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

**Decision rationale:** Regarding the request for home health aide, 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 aide is not medically necessary.