

<b>Case Number:</b>	CM14-0115277		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/25/1985
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 81-year-old female was reportedly injured on July 25, 1985. The most recent progress note, dated May 9, 2014, indicated that there were ongoing complaints of neck pain, back pain and left foot pain. Current medications include Percocet, Valium, and medical marijuana. The physical examination demonstrated tenderness along the cervical spine facet joints and decreased cervical spine range of motion. There was tenderness over the thoracic and lumbar spine as well as the bilateral sacroiliac joints. An examination of the left foot indicated nonspecific tenderness over the left foot and the plantar fascia. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request had been made for home health services six hours per day for 3 to 5 days per week and was not certified in the pre-authorization process on July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home services three to five (3-5) days per week for at least six (6) hours per day:**

Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** A review of the attached medical record includes a note dated April 18, 2014, by the injured employee's physician that states that she is unable to drive, shop for groceries, or perform household activities such as washing laundry, lifting, bending, and vacuuming, as she is prone to be false. It was also stated that the injured employee was unable to walk or stand for long periods of time. Considering this, the request for home health services six hours per day for 3 to 5 days per week is medically necessary.