

<b>Case Number:</b>	CM14-0135102		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 36-year-old female was reportedly injured on September 11, 2009. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated July 3, 2014, indicated that there were ongoing complaints of low back pain and left hip pain. The physical examination demonstrated paraspinal muscle spasms from L3 to L5 as well as facet tenderness greatest on the left side. There were decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine dated January 15, 2013 showed degenerative disc disease and facet arthropathy with a broad-based disc bulge at L4-L5. Previous treatment included a lumbar spine L4-L5 hemi laminectomy and discectomy and postoperative physical therapy. A request had been made for home healthcare for six hours per day, five days a week, for four weeks and was not certified in the pre-authorization process on July 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 5 DAYS A WEEK FOR 4 WEEKS (6 HOURS PER DAY) CARE 5 DAYS A WEEK FOR 4 WEEKS (6 HOURS PER DAY): 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 Page(s): 51 of 127.

**Decision rationale:** The California MTUS Guidelines support home health services for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. Review of the available medical records documents that the injured employee was using a wheelchair at the time the progress note dated July 3, 2014; however, there is no documentation that states the injured employee is truly homebound. As such, this request for home healthcare for six hours per day, five days a week, for four weeks is not medically necessary.