

<b>Case Number:</b>	CM14-0138163		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/12/2000
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 71 year old male with date of injury 12/12/00. The treating physician report dated 7/17/14 indicates that the patient presents with pain affecting the lower back with progressive weakness of the lower extremities and left shoulder pain. The pain is constant and severe with profound limitations including the usage of a walker for ambulation. MRI of right shoulder dated 6/7/03 is positive for chronic tear involving the entire supra and infraspinatus tendons. The current diagnoses are: 1. Post laminectomy lumbar spine 2. Lumbar radiculopathy 3. Lumbar HNP with myelopathy 4. Impingement Syndrome bilaterally post-operative 5. Rotator cuff tear bilaterally. The utilization review report dated 8/12/14 denied the request for home health care 6 hours day, 7 days per week for 6 months based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 6 hrs/day x 7 days/wk 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** The patient presents with chronic back pain, progressive weakness of the legs and left shoulder pain. The current request is for Home Health Care 6 hrs/day x 7 days/wk 6 months. The treating physician report dated 7/17/14 states, "Treatment Plan: Start Terocin Patch, Continue home health care, patient needs assistance for activities of daily living, transportation, 6 hours per day, 7 days per week, 6 months." The MTUS guidelines state "Home health services: Recommended only for otherwise recommended 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". The guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services or activities of daily living. The current request is for assistance for activities of daily living and transportation 42 hours per week, which is outside of the MTUS guidelines. The treating physician has not prescribed any medical treatment care to be performed at home that requires assistance from a care-giver. There is lack of description of the patient's social and functional status at home. There is no home evaluation by a visiting nurse to determine the patient's medical needs at home. The request for Home Health Care is not medically necessary.