

<b>Case Number:</b>	CM14-0095389		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/29/1999
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 68-year-old female was reportedly injured on April 29, 1999. The mechanism of injury was noted as a fall. The most recent progress note, dated March 7, 2014, indicated that there were ongoing complaints of persistent low back and neck pains. The physical examination demonstrated a borderline hypertensive individual (136/82) with a level that is noted as 5/5. Injured worker was 5'5", 245 pounds. The gait pattern required a cane. No other findings were reported. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, injection therapy, and pain management interventions. A request had been made for home health care and was not certified in the pre-authorization process on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 4 HRS PER DAY X 5 DAYS A WEEK, 20 hours per week QTY: 240.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Home Health Services Page(s): 51.

**Decision rationale:** It is 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. (CMS, 2004) a previous summary note indicates that the services include meal preparation, light housekeeping, transportation to and from medical and therapy appointments. Clearly, this individual is not homebound and does not require medical intervention. The medical necessity for this has not been established.