

<b>Case Number:</b>	CM14-0096100		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/15/1998
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 the injured worker is a 56-year-old female who was reportedly injured on April 15, 1998. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated no gross deformities of the cervical spine. There was no evidence of tenderness to palpation or muscle spasm noted. Motor function of the upper extremities was noted to be 5/5; however, there was a decreased sensation in the bilateral C6, C7, C8 nerve root distributions. A loss of lumbar range of motion was reported; however, motor function was 5/5 throughout both lower extremities. Diagnostic imaging studies (plain films) were obtained in early June 2014 and there was evidence of a L2-S1 posterior instrumentation fusion with no evidence of hardware fracture or loosening. Previous treatment included lumbar surgery, multiple medications, physical therapy and pain management interventions. A request had been made for home health aide and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health 4 hours a day for 5 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

**Decision rationale:** 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. A comprehensive review of the available medical records clearly establishes that this individual is not homebound, is using a walker, and does not require multiple hours of home health assistance on a daily basis. Accordingly, the medical necessity of this intervention has not been established.