

<b>Case Number:</b>	CM13-0011359		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Emergency Medicine 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 injured worker is a 53 year-old female, who sustained an injury on March 16, 2011. The mechanism of injury occurred from lifting a bucket of chicken. Pertinent diagnostics were not noted. Treatments have included: August 2013 L4-5 fusion, medications. The current diagnosis is lumbar disc disease. The stated purpose of the request for HOME CARE FOR ADL'S (ACTIVITIES OF DAILY LIVING) 3 TO 4 HOURS A DAY 4 TO 5 DAYS A WEEK was not noted. The request for HOME CARE FOR ADL'S (ACTIVITIES OF DAILY LIVING) 3 TO 4 HOURS A DAY 4 TO 5 DAYS A WEEK was denied on August 5, 2013, citing a lack of documentation of the injured worker being homebound or the medical necessity for non-medical services. The stated purpose of the request for POST-OP HOME HEALTH CARE 6 TO 8 HOURS A DAY 6 TO 7 DAYS A WEEK was not noted. The request for POST-OP HOME HEALTH CARE 6 TO 8 HOURS A DAY 6 TO 7 DAYS A WEEK was denied on August 5, 2013, citing a lack of documentation of the injured worker being homebound or the medical necessity for non-medical services. Per the report dated July 24, 2013, the treating physician noted complaints of low back pain with radiation to both lower extremities. Exam findings included left L5 dermatomal sensory deficits with L5 weakness, EHL weakness, positive Kemp's test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care for ADL'S (activities of daily living) 3 to 4 hours a day 4 to 5 days a week:**  
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:** CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, page 51, Home health services, note that home health services are "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 injured worker has low back pain with radiation to both lower extremities. The treating physician has documented left L5 dermatomal sensory deficits with L5 weakness, EHL weakness, positive Kemp's test. The treating physician has not documented the medical necessity for non-medical services. The criteria noted above not having been met, the requested Home Care for ADL'S (activities of daily living) 3 to 4 hours a day 4 to 5 days a week, are not medically necessary.

**Post-Op Home Health Care 6 to 8 hours a day 6 to 7 days a week: 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:** CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are "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 injured worker has low back pain with radiation to both lower extremities. The treating physician has documented left L5 dermatomal sensory deficits with L5 weakness, EHL weakness, positive Kemp's test. The treating physician has not documented the medical necessity for non-medical services. The criteria noted above not having been met, the requested Post-Op Home Health Care 6 to 8 hours a day 6 to 7 days a week are not medically necessary.