

<b>Case Number:</b>	CM15-0010094		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 industrial injury on 08/20/2009. She has reported subsequent back, knee, shoulder, wrist, and hip and ankle pain and was diagnosed with thoracic, right knee, right shoulder, right wrist, right hip and right ankle sprain, right inferior pubic and ischial rami fractures. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 08/01/2014, the injured worker reported worsening lower back pain radiating to the bilateral feet that decreased with medication, rest and a home exercise program. The pain was documented as severe and was rated as 9/10. Physical examination findings were notable for tenderness to palpation over the paravertebral musculature and lumbosacral junction with muscle guarding and spasms, positive straight leg raising test and numbness, tingling and decreased sensation along the L5 and S1 dermatomes. The physician noted that a request for authorization for continuation of home care assistance for four hours/day, five days a week to assist with household chores. Per the doctor's note dated 1/28/15 patient had complaints of low back pain at 6-8/10 that was radiating to bilateral leg with numbness and tingling. Physical examination revealed abnormal gait, difficulty in heel toe walk, tenderness on palpation, positive piriformis test, SLR and sacroiliac tests and limited range of motion and decreased sensation in L4-5 dermatome. The patient's surgical history includes hardware block from L4-S1 on 12/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance for 4 hours per day, x5 days per week x6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Request: Home care assistance for 4 hours per day, x5 days per week x6 weeks. Per the CA MTUS guidelines cited below, regarding home health services "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." Any documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health medical services like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Home care assistance for 4 hours per day, x5 days per week x6 weeks is not fully established in this patient.