

<b>Case Number:</b>	CM15-0115608		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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:

This is a 54 year old male patient who sustained an industrial injury on 07/09/2008. The accident was described as having had a slip and fall incident with resulting head, neck and shoulders injured. The diagnoses include TBI-headaches; myoclonic seizures and depression. A progress note dated 5/11/2015 was not fully legible. Per the doctor's note dated 5/11/15, he had daily headache at 8/10. The pain was decreased at 3/10 with medications. Per the doctor's note dated 3/9/2015, he had pain in thoracic and lumbar spine with radiation to the lower extremities with tingling and numbness; pain in both knee. The physical examination revealed thoracolumbar spine-tenderness, spasm and decreased range of motion, bilateral knee range of motion- 0 to 135 degrees; normal motor, sensory and reflexes in the lower extremities. At a follow up on 05/04/2015 there is noted discussion regarding weaning off from Opana ER. The medications list includes Trileptal, Celexa, Viagra, Valium, Xanax, Colace, Miralax, Opana ER, Opana IR, and Restoril. A quick status update of 10/27/2014 reported the patient having ongoing headaches which are controlled with medications most of the time. He also has myoclonic episodes but the frequency had lessened. He reports using the gym membership but not requiring personal training any longer. The patient is utilizing a home health aide five days a week although it is authorized for seven. The patient is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 8 hours a day, 7 days a week for 12 weeks:** 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 (ODG), Home health services.

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

**Decision rationale:** Per the cited guidelines below, regarding home health services "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis". 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 evidence that the patient is totally homebound or bed ridden 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 request for Home care 4 hours a day, 7 days a week (unspecified duration) is not medically necessary or fully established in this patient, based on the records provided.