

<b>Case Number:</b>	CM15-0118080		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: California, North Carolina

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 65 year old male, who sustained an industrial injury on 5/21/2014, after a fall at work. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included diagnostics, spinal fusion surgery 2-18-2015, bracing, physical therapy, and medications. Per the Initial Companion, Homemaker, and Personal Care Evaluation (4-29-2015), the injured worker reported pain interference with bed mobility, transfers, and ambulation. He required assistance with bathing, dressing, toileting, transferring, and grooming. The treatment plan included home health assistance (24-7) daily for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health assistance (home care domestic services, such as grocery shopping, cleaning, personal ADL assistance, and laundry) daily for three months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** CA MTUS Guidelines state that home health services are 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. In this case, the patient is 6 months status post comprehensive lumbar spine surgery. There is no documentation provided that the patient is homebound and requires the requested 24 hours 7 days per week home health assistance. Therefore, the request is not medically necessary or appropriate.