

<b>Case Number:</b>	CM15-0128726		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/31/1987
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 66-year-old female, who sustained an industrial injury on 7/31/1987. The medical records submitted for this review did not include the documentation regarding the initial injury or the prior treatments to date. Diagnoses include lumbar retrolisthesis; status post lumbar fusion. Treatments to date include activity modification, TLSO back brace and medication therapy. Currently, she was authorized for a staged lateral approach for lumbar fusion. On 5/4/15, the physical examination documented due to lumbar disc shifting, pending surgery, a TLSO brace would be worn to maintain alignment. The plan of care included additional surgery for lumbar stabilization. The appeal request was for authorization of a life alert home health emergency alert system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Life alert home health emergency alert system:** 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), Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of home health services to include a life alert home health emergency alert system. According to the ODG Pain section, Home health services, "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." In this case the exam notes from do not demonstrate the patient is homebound to require the utilization of home health services. Therefore, the determination is not medically necessary.