

<b>Case Number:</b>	CM15-0093327		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/25/1993
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 71-year-old female, who sustained an industrial injury on August 25, 1993. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic lumbar strain with disc herniation, lumbar stenosis, bilateral knee end-stage tricompartmental osteoarthritis, and chronic cervical strain with aggravation. Diagnostic studies were not included in the provided medical records. Treatment to date has included oral and topical pain medications, knee visco-supplementation injections, aquatic therapy, a walker, knee braces, and a cane. On April 3, 2015, the injured worker complains of persistent, frequent neck, lower back, and bilateral knee pain, which is about the same. Her pain is rated: neck = 6-7/10, lower back = 7/10, and knees = 7-8/10. Rest and medication help her pain. She takes her pain medication once a day, which decreases her pain from 8 to 4. She is not currently working. The physical exam revealed decreased lumbar spine range of motion with tenderness over the paraspinal muscles, which is greater on the right than the left. There was decreased strength and sensation at the bilateral lumbar 4, lumbar 5, and sacral 1. The deep tendon reflexes in the lower extremities were decreased. The bilateral knees had positive patellofemoral grind, decreased range of motion, and decreased functionality. The requested treatment is home health care for 5 hours a day, 5 days a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care, 5 hours a day 5 days a week, unspecified duration:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

**Decision rationale:** Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.