

<b>Case Number:</b>	CM15-0096717		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained an industrial injury on 7/28/03. The injured worker was diagnosed as having scoliosis, cervical myelopathy and neuropathy. Currently, the injured worker was with complaints of back pain when walking. Previous treatments included status post lumbar decompression and fusion, injections and medication management. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured workers pain level was noted as 8/10 without medication and 4/10 with medication. Of note, several documents within the submitted medical records are difficult to decipher. The plan of care was for attendant care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Attendant care, 3 hours per day 4 days per week, to assist with self care, hygiene, household chores, laundry, and cleaning:** 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 home health service Page(s): 51.

**Decision rationale:** The patient presents with pain in the cervical and lumbar spines. The request is for attendant care, 3 hours per day 4 days per week, to assist with self-care, hygiene, household chores, laundry and cleaning. Per 03/09/15 progress report, patient's diagnosis includes scoliosis, spinal cord injury, and cervical myelopathy. Patient's medications, per 05/04/15 progress report include Elavil, Oxycontin, Atrivan, Percocet, Lyrica, Restoril, Omeprazole and Zoloft. Patient is to remain off work. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The 4 progress reports provided were hand written and not legible at all. There were no indications of paralysis or problems with walking/standing in the reports. In progress report dated 02/09/15, treater is requesting attendant care 3 hours, 4 days per week to assist the patient with self-care and household chores. MTUS guidelines do not support the issuance of a home aide for the purpose of doing household chores. The patient does present with neck and low back pain; however, there is no evidence of inability to do simple house chores. MTUS does not consider homemaker services medical treatments. Therefore, the request is not medically necessary.