

<b>Case Number:</b>	CM14-0140236		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old woman with a date of injury of Jan 22, 2007. She has ongoing neck and back pain and right leg weakness after a lumbar spinal fusion and multi-level laminectomies, followed by physical therapy. She has a 70% impairment rating for the cervical, thoracic, and lumbar spine as well as her right shoulder and left hip, and she uses a cane for ambulation and a back corset. Her co-morbidities include shoulder derangement, sleep disorder, constipation, depression, and weight gain. Her physical therapy has helped enable her to get in and out of bed and perform seated and standing exercises at home, although she is still off work. A request is being made for health/home care assistance for 10-12 hours daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health/home assistance, 10-12 hours per day for 3 months,:** Upheld

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

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

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise-recommended medical treatment for workers 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, or personal care given by home health aides, like bathing, dressing, and using the bathroom, when this is the only care needed. Per documentation, this worker's difficulties with activities of daily living, medical treatments at home or functional deficits that require professional health care services are not documented beyond the ability to travel and engage in social activities. There is documentation of improvement in her functional ability with physical therapy and she is able to ambulate with a cane; therefore, this request is not considered medically necessary.