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| <b>Case Number:</b>   | CM14-0118009 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 10/11/1996 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2014 |

### 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. 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: Massachusetts

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 75 year old male, who sustained an industrial injury on 10-11-96. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for back and leg pain. Medical records dated 5-21-15 through 7-2-15 indicate the injured worker complains of back, hip and knee pain with lumbar rated as "moderate" at both visits. Physical exam notes decreased range of motion (ROM) with tenderness to palpation. The original utilization review dated 7-10-14 indicates the request for 1 home health aide (5 hours a day twice a week) is non-certified noting the injured worker already had this care more than 35 hours in the past and his symptoms had no improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 home health aide (5 hours a day, twice a week):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders): Home health services.

**Decision rationale:** The claimant has a remote history of a work injury in October 1996 and is being treated for low back, hip, and knee pain. He has a history of Alzheimer's dementia and multiple hip and spine surgeries. His wife has been providing care for him at home which is becoming more difficult as they both age. In September 2013, home health care services were being provided and were helping his wife. Long-term care is referenced as an alternative. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant had received home health services previously, which had allowed him to remain at home. He has a significant burden of care and requires assistance with all activities of daily living. His condition is not expected to improve and the services are needed on an ongoing basis. The request is medically necessary.