

Case Number:	CM13-0014040		
Date Assigned:	01/15/2014	Date of Injury:	03/22/1994
Decision Date:	03/19/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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 physician 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:

Patient with date of injury on 3/22/1994. Reported injury to upper back, low back and R knee. No mechanism provided in records. Diagnosis of low back pain from discogenic and arthritic origin. Reports from [REDACTED] (primary treating physician) reviewed. Last report available from 11/22/13. Patient complains of chronic low back pains. Some complaints of L leg pain with spasms and difficulty walking with reported falls and injuries but no new falls reported. Some reports of leg giving out. Objective exam reveals normal ambulation, symmetric legs, bilateral atrophied gluteus minimus region, symmetric calves, normal reflexes and decreased sensation to L foot up to ankle area. Noted diffuse low back tenderness. Negative straight leg raise. Report states that patient is able to perform some initial housecleaning and activities of daily living but requires help due to pain. Patient is attempting daily walking routine. There are no imaging reports provided. Pt has noted knee injections and is on oral pain medications. Last medication list provided dates from 11/22/13 with hydrocodone/acetaminophen, fentanyl patch, lorazepam, tizanidine, ibuprofen, zolpidem, citalopram, diclofenac patch and supplements. Utilization review is request for in-home housekeeping chores for 8 hours per visit (1day) and in-home housekeeping chores for 4hours per visit (every 2 weeks for 6months). Prior utilization on 8/7/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home housekeeping chores for eight (8) hours (per visit) QTY: 1.00: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The MTUS Guidelines recommend provision of a home health aide 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. According to reviewed records especially from the treating physician, the employee is able to perform activities of daily living with some limitations. According to the MTUS guidelines, Home Health services are specifically for recommended medical treatment for patients who are homebound. The employee is not homebound and the services as requested by the treating physician is not for medical treatment but for "in-home housecleaning chores" which are classified as homemaker services and are not included in the services of a home health aide. Therefore the request for home health aide is not recommended.

In-home housekeeping chores for four (4) hours (per visit) QTY: 12.00: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The MTUS Guidelines recommend provision of a home health aide 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. According to reviewed records especially from the treating physician, the employee is able to perform activities of daily living with some limitations. According to the MTUS guidelines, Home Health services are specifically for recommended medical treatment for patients who are homebound. The employee is not homebound and the services as requested by the treating physician is not for medical treatment but for "in-home housecleaning chores" which are classified as homemaker services and are not included in the services of a home health aide. Therefore the request for home health aide is not recommended.