

Case Number:	CM13-0025660		
Date Assigned:	11/20/2013	Date of Injury:	03/15/2010
Decision Date:	01/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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 Internal Medicine and Pulmonary Diseases 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:

The patient is a 35-year-old male who reported an injury on 03/15/2010. The patient was noted to be wheelchair bound for the past year. It was noted the patient was unable to stand independently secondary to weakness. The sensation of the upper and lower extremities was noted to be intact. The diagnoses were noted to include weakness of the upper and lower extremities of unknown etiology and a possible neurologic diagnosis. The request was made for home health care assistance 24 hours a day, 7 days a week as the patient was noted to be 100% dependent on his wife for all activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care: 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 Page(s): 51.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that home health services are 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 and that 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. The clinical documentation indicated that the patient had pain that affected his ability to perform activities of daily living, such as cooking, cleaning the home, washing the dishes or laundry, grocery shopping, going out on family outings, going to the library, watching movies at the theater, taking his daughter to the park, walking the beach, socializing, dressing himself and showering. His wife was assisting him with 100% of his needs, per documentation. Clinical documentation submitted for review fails to provide the necessity for licensed personnel to assist the patient, as it was noted the patient's main deficits were in the activities of daily living including bathing and dressing. The clinical documentation fails to provide the duration of care being requested. Given the above, the request for home health care is not medically necessary.