

Case Number:	CM13-0026573		
Date Assigned:	12/13/2013	Date of Injury:	06/06/1995
Decision Date:	01/27/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice, has a subspecialty in Preventive 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:

73 yr old female claimant sustained a work injury on 6/6/1995 which resulted in chronic back pain continues to receive medical treatment which included TENS unit, analgesics, and therapy. Her symptoms include 7/10 pain , weakness in the lower extremities and difficulty with prolonged walking, standing, climbing, bathing, dressing , etc. A request for home health 4 hours a day, 7 days a week was recommended on 9/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4 hours per day for 7 days: Upheld

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

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

Decision rationale: According to the MTUS guidelines, 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. 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. In this case, the home health request was mainly for activities of daily living such as: dressing, bathing, hygiene, and hair combing. There are no other indication for medical support. Although, assistance maybe needed for personal care, this is the only need requested. As such, home health is not medically necessary as defined by the MTUS guidelines.