

<b>Case Number:</b>	CM13-0027792		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/17/1980
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 reported a date of injury of 02/17/1980. The UR determination being challenged is dated 09/13/2013 and recommends denial of retro home health-aid (several times a week for several hours). Medical records show patient sustained severe head/brain injuries in which he was comatose for several weeks. According to a report dated 06/14/2013 by [REDACTED], patient is seen approximately twice a year or so and continues to have mild cognitive and physical deficits. [REDACTED] makes reference to a video surveillance that shows patient walking slow, unsteady with "waddling" gait. [REDACTED] requests assistance for patient including heavy housekeeping and shopping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**home health aide several times a week for several hours:** 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:** Medical records show patient sustain a head injury 34 years ago. ■■■■■ requests a home health aide several times a week for several hours to assist in heavy housekeeping and for shopping. Peer review dated 02/11/2013 denied said request stating video surveillance dated 02/02/2013 showed patient getting in and out of the car bending both knees and sweeping trash and putting it into a trash can. There are no reports provided by the treater that reveal the patient's precise functional status, whether or not he is independent with self-care, activities of daily living. The patient's home situation is not known either. Based on what was reviewed on video surveillance, it would appear that the patient is independent with ADL's and self-care. MTUS page 51 states 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 (CMS, 2004). As confirmed in prior peer review dated 02/02/2013 and ■■■■■ report dated 06/14/2013, patient is not homebound. Additionally, MTUS does not allow homemakers services as medical treatment when this is the only care needed. Recommendation is for denial.