

<b>Case Number:</b>	CM13-0028290		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/07/1992
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	09/20/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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/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 63-year-old male who was injured at work on April 7, 1992. The mechanism of injury was not noted. The original excepted injuries were to the heart and right shoulder. In the most recent report on file, dated August 29, 2013, it was noted that he has chest pain every day with activity and at rest. He has a caregiver five hours per day, seven days per week. He needs housekeeping services twice a month. He is unable to perform or performs with difficulty most activities of daily living due to his heart condition and strokes. He needs assistance with gardening twice a week. He has difficulty walking, and requires a wheelchair as well as a request for a grabber. Objective findings included a blood pressure of 120/80; the heart rate was 88 beats per minutes and irregular. His left shoulder remained frozen. A home visit indicated that he had an unsteady gait and required assistance with transfers. An open reduction and internal fixation (ORIF) of the left shoulder was recommended. Diagnoses included derivative left shoulder injury; atrial fibrillation; cerebrovascular accident; ischemic cardiomyopathy; congestive heart failure; hypertension; coronary artery disease; chronic low back pain, and the right internal carotid artery stenosis. Home healthcare for eight hours per day, five days per week; a blood pressure monitor and a portable wheelchair were certified. Noncertified items on 09/13/13 included gardening two times per month for unspecified hours/duration; housekeeping two times per month for unspecified hours/duration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GARDENING 2 TIMES PER MONTH:** 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), Pain, Home Health Services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, HOME HEALTH SERVICES.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address the requested service. The Official Disability Guidelines (ODG) 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. However, they further state: "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." Therefore, based on guidelines and a review of the documents, the request for Gardening 2 times per month is not medically necessary.

**HOUSEKEEPING 2 TIMES PER MONTH:** 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), Pain, Home Health Services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, HOME HEALTH SERVICES.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address the requested service. The Official Disability Guidelines (ODG) 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. However, they further state: "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." Therefore, based on guidelines and a review of the documents, the request for Housekeeping 2 times per month is not medically necessary.