

<b>Case Number:</b>	CM13-0030973		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 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:

This is a female that had an industrial injury to her knee in April 2011. This was an accident resulting in a twisting type of injury. This was apparently further exacerbated by another accident during physical therapy. The patient also suffered from depression and anxiety from the disability that resulted. This is a request for home health aide paid through the disability coverage.

### 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 a day for 5 days for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 50.

**Decision rationale:** The patient appears to ask for home health aides to help with homemaker services. This is not a covered benefit per the CA MTUS guidelines. As such these cannot be authorized or covered at this time. The patient has limited mobility and does not appear to be homebound. This also mitigates against any home health aides being approved.