

Case Number:	CM13-0039405		
Date Assigned:	12/18/2013	Date of Injury:	09/20/2004
Decision Date:	04/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 reported injury on 9/20/04. The mechanism of injury was not provided. The documentation of 7/18/13 revealed that the patient had difficulties with activities of living and home care assistance was recommended as a form of medical treatment to reduce residual pain and prevent the patient from cumulative effects of disability. It was further noted that the patient was not homebound; however, the patient was living alone and had only his daughters to provide care for him. The physician stated that home care assistance was an essential component of the patient's rehabilitation. The patient had difficulty with independent ambulation due to chronic pain and was utilizing a wheeled walker for assistance. Additionally, it was indicated that the patient should have transportation assistance to and from all medical appointments as part of his home care. The patient's diagnosis was lumbar spine musculoligamentous sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE FOUR (4) HOURS A DAY, THREE (3) DAYS A WEEK FOR SIX (6) MONTHS: 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 MTUS guidelines indicate that home health services are recommended for patients who are homebound and who are in need of part time medical treatment which does not include homemaker services. The clinical documentation submitted for review indicated that the patient lived by himself and had his daughters to care for him. There was a lack of documentation indicating that the patient was homebound and was in need of part time medical treatment. The physician stated that medical treatment included home health services to assist the patient with home chores and activities of daily living. However, chores and assistance with activities of daily living do not qualify as medical treatment. Given the above, the request for home care assistance is not medically necessary.