

Case Number:	CM13-0040823		
Date Assigned:	07/21/2014	Date of Injury:	03/27/2010
Decision Date:	08/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational 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 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:

This is a 68-year-old female who sustained injury on 03/27/2010 at work when she fell down the hallway and bent her right leg backwards behind her and her left leg extended forward. She reported pain to her back, hips, knees, ankles, and feet. Treatment history includes medications, cane/walker, She had knee arthroscopy. Her past medical history includes cardiovascular problems. A progress report dated 09/16/2013 indicates that patient reported she needs help at home, as she has a difficult time getting around. Her sister and a friend help her at times when they are able but that is only intermittently. She is scared to go out alone due to her pain and bad balance. She is afraid that she will fall. She complained of constant low back, pain, which radiates to the right lower extremity. She uses a cane and walking, standing, pushing, and pulling increased pain. She feels she needs a walker at times for better support and safety when walking distances over 100 steps. She also continues to have right knee and ankle pain. On physical exam of lumbar spine, there was tenderness to palpation over right paraspinal and buttock, pain with flexion/extension, antalgic gait on right using a single point cane on the left today. Right hip exam showed tenderness to palpation over right iliac crest. Right knee exam showed crepitus and healed arthroscopic portals. Tenderness to palpation over the medial and lateral joint lines. Right ankle exam showed tenderness to palpation over the lateral aspect. Authorization was requested for home health services 2 hours a day, 4 days a week for 6 months (for cleaning, shopping and cooking) since she is having difficulty with home care tasks and getting around on her own, including cleaning her apartment, cooking, buying groceries and bringing them in her apartment, secondary to her orthopedic conditions, pain and an antalgic gait requiring a cane or walker. UR report dated 10/09/2013 indicates the request for home health services 2 hours a day, 4 days a week for 6 months (for cleaning, shopping and cooking) was non-certified because the claimant has assistance available through their sister and friend and the considering the requested home

health tasks such as cleaning, shopping, and cooking are not supported as medically necessary per treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Services 2 hours a day, 4 days a week for 6 months(for cleaning, shopping and cooking): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Home health services.

Decision rationale: According to 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. However, in this case the request is made for homemaker services not medical treatment. Therefore, the request for Home Health Services 2 hours a day, 4 days a week for 6 months (for cleaning, shopping and cooking) is not medically necessary and appropriate.