

<b>Case Number:</b>	CM13-0042552		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 is a 37 year old female who reported an injury on 12/03/2007. The mechanism of injury was stated to be a catering truck accident with a fire. The patient was noted to suffer extensive burns. The patient had second and third degree burns to the chest, abdomen, upper and lower extremities with skin graft, contractures, and scars and was treated with surgery and dermatologist, neurologist, and an internal medicine specialist. The patient was noted to have a major depressive disorder and was treated by a psychologist. The patient was noted to be unable to perform home care activities including vacuuming, making a bed, mopping, dusting, cleaning the bathroom, sweeping, cooking, washing, washing dishes, doing laundry, grocery shopping, and transportation. The patient's diagnoses were not provided. There was request made for retrospective home health care and current home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 4hours/day x 3 days/ week x 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Home Health Services. . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Home Health Services. Page(s): page 51..

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review indicated the patient needed home maker services. There was lack of documentation indicating the patient needed licensed personnel medical care. Given the above, the request for home health aide 4 hours/day x 3 days/week x 6 months is not medically necessary

**Retrospective starting January 2008- Home Health Care 12 hours/day x 7 days/week x2months, then 7 hours/day x7 days/week x4months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Home Health Services. . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Home Health Services. Page(s): page 51..

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review indicated that the patient was released from the hospital in 01/2008 following second the third degree burns. The patient's daughter was noted to have provided the in-home care. The physician opined that she should be compensated for it as part of the injury. There was lack of documentation indicating the necessity for medical personnel to assist the patient. There was a lack of documentation indicating the patient had a necessity for medical care. Given the above the request for retrospective starting January 2008- home health care 12 hours/day x 7 days/week x2 months, then 7 hours/day x7 days/week x4 months is not medically necessary.

**Retrospective starting June 2008 home health care 24hours/day x 7 days/week x 2weeks then 12 hours/day x 7 days/week x 6 weeks, then 4 hours/day x 3 days/ week to present time: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Home Health Services... Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Home Health Services.. Page(s): page 51..

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review indicated the patient underwent right breast reconstruction surgery in 06/2008. The physician opined the patient would need required home care assistance 24 hours a day x 7 days a week and then 12 hours a day x 7 days a week x 6 weeks and then 4 hours a day x 3 days a week to the current time of 2013 and that the patient's daughter provided the in-home care and should be compensated as part of the injury. There was lack of documentation indicating the necessity for medical personnel to assist the patient. The clinical documentation indicated the patient had need for assistance with activities of daily living and personal home care activities. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for retrospective starting June 2008 home health care 24 hours /day x 7 days/ week x 2 weeks then 12 hours / day x 7 days/ week x 6 weeks, then 4 hours/ day x 3 days/ week to present time is not medically necessary.