

Case Number:	CM13-0052265		
Date Assigned:	07/02/2014	Date of Injury:	06/29/2006
Decision Date:	07/31/2014	UR Denial Date:	09/24/2013
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 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 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 injured worker is a 71 year old male who reported an injury on 06/29/2006 of an unknown mechanism. The injured worker saw the physician 06/11/2013 and presented with moderate pain to the left knee and right shoulder. The physician noted pain was induced when the affected knee or shoulder was moved. The injured worker ambulated with a notable limp from the left knee. The physician further noted this would affect the injured worker's activities of daily living. The physician rendered the following assessments: right shoulder rotator cuff syndrome, left knee osteoarthritis/degenerative joint disease, right frozen shoulder, status-post failed left knee replacement surgery, insomnia, and GERD. The physician prescribed Prilosec, Vicodin, Motrin and Theramine. On 08/27/2013 the injured worker saw the physician on a follow up visit. Pain to the right shoulder and left knee were assessed 8-9/10 pain. Activities of daily living are affected by complaint of pain as pain is demonstrated with movement of the affected joints. The physician wants a home health aide to come by for three hours a day three times a week to shower and dress the injured worker. A request for authorization form has been submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide Visits 3 hours a day 3 times per week: Upheld

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

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

Decision rationale: The request for home health aide visits three hours a day three times a week is non-certified. CA MTUS guidelines for home health services state they 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. The injured worker does present with right shoulder and left knee complaints that affect activities of daily living. The physician is seeking the services of a home health aide to shower and dress the injured worker and that is not allowed per CA MTUS guidelines. As such, the request is non-certified.