

<b>Case Number:</b>	CM13-0053282		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 & Rehabilitation 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:

The patient is a 36-year-old female with a July 11, 2012 date of injury. At the time (7/30/13) of request for authorization for outpatient home care assistance twice a week for household chores for unspecified duration, there is documentation of subjective (pain in the upper and lower extremities, pain in the back and neck, and severe pain in the legs and feet after ambulation) and objective (mild edema of the extremities, decreased peripheral perfusion, deformity and effusion over the joints, decreased sensation with paresthesias over the feet, limited strength testing, absent reflexes in 4 limbs, and an antalgic gait) findings, current diagnoses (open fracture of proximal tibia/fibula), and treatment to date (physical therapy and medications). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT HOME CARE ASSISTANCE TWICE A WEEK FOR HOUSEHOLD CHORES FOR UNSPECIFIED DURATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires the recommended medical treatment and that the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, the California MTUS Chronic Pain Medical Treatment Guidelines recommends no more than 35 hours per week of Home Health Services. Within the medical information available for review, there is documentation of diagnoses of open fracture of proximal tibia/fibula. However, there is no documentation that the patient requires the recommended medical treatment and the patient is homebound on a part-time or intermittent basis. In addition, there is no documentation of the proposed duration of the requested treatment. Therefore, based on guidelines and a review of the evidence, the request for outpatient home care assistance twice a week for household chores is not medically necessary