

<b>Case Number:</b>	CM13-0063871		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Pain Management 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 patient with a date of injury of 1/12/07. A utilization review determination dated 11/21/13 recommends non-certification of a home care aide 2 hours/day 2x/week for 2 months. 11/18/13 medical report identifies that the patient's condition continues to worsen. He is obligated to do ADLs for which he has requested a health aide at home. He is forced to do ADLs, shopping, and getting the mail. He has a considerable limp and quad atrophy. There is pain, mild effusion, grinding, and catching sensation. He has increasing pain of the bilateral hips, low back, and left knee as compensatory issues. He continues to be unable to get any effective therapy for the last few months or a home aide to help with getting the mail, transportation to and from the store, and deal with basic needs in transportation to and from appointments and PT. A knee scope and cleanup was also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME CARE AIDE (2 HOURS A DAY, TWICE A WEEK, FOR TWO 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 HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** Regarding the request for HOME CARE AIDE, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. Additionally, the care is noted to be for services including shopping, transportation, and getting the mail so that the patient will not be utilizing his knee as much, but there is no indication why he could not utilize assistive devices and/or public transportation to lower the impact of the patient's daily activities on his knee. In light of the above issues, the currently requested HOME CARE AIDE is not medically necessary.