

Case Number:	CM13-0067510		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2003
Decision Date:	03/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine, and is licensed to practice in New York. 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 59 year old male with a date of injury of 12/04/2003. He has chronic knee pain. The patient has undergone three knee arthroplasties. On 12/31/2013 he had an office visit. He uses a cane or walker. The current request is for home health services 25 to 30 hours a week to do cooking, cleaning driving to appointments and other activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services 25-30 hours per week: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that home health services are recommended only for medical services. These services do not include homemaker services like shopping, cleaning, laundry and personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care given. For the services to be a benefit they must be skilled nursing level of care (physical therapy, wound care with wound packing, ventilator management, dialysis etc) The requested services are custodial care (assistance with

activities of daily living that can be provided by an untrained individual such as cleaning, cooking, grooming, assistance with transfers etc.) and as a result are not medically necessary and appropriate.