

Case Number:	CM14-0006119		
Date Assigned:	03/03/2014	Date of Injury:	04/03/2000
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 66-year-old male who reported injury on 04/03/2000. The mechanism of injury was not provided. The clinical documentation indicated the injured worker's grandson bathed, fed and dressed the injured worker and took him to appointments. The documentation of 03/06/2014, per the physician, indicated the injured worker had been a patient of the physician for nearly 28 years and suffered from numerous medical problems, which had become progressively worse. The physician indicated he saw the injured worker on 01/18/2014 after a hospitalization. It further indicated the injured worker's most burdensome medical problems include renal problems, hypertension, immunosuppression, obesity and severe arthritis. The injured worker's physician opined the injured worker needed assistance at home for the medical problems for ambulation and medication administration. The injured worker could not cook for himself, wash himself, shower or shave and needed assistance with toileting needs. It further indicated the injured worker would be starting dialysis soon. The request was made for in home care (monthly medical treatments/daily home care).

IMR ISSUES, DECISIONS AND RATIONALES

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

IN HOME CARE (MONTHLY MEDICAL TREATMENTS/DAILY HOME CARE:

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 California MTUS Guidelines indicate that home health services are recommended for injured workers 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 such as shopping, cleaning and laundry or bathing, dressing and using the bathroom when it is the only care needed. The clinical documentation submitted for review failed to indicate the injured worker had a need for medical treatment. It was indicated the injured worker's grandson had been taking care of him. The request, as submitted, failed to indicate the duration for the requested care and the type (s) of services that were being requested. Given the above, the request for in home care (monthly medical treatments/daily home care) is not medically necessary.