

Case Number:	CM14-0006543		
Date Assigned:	02/12/2014	Date of Injury:	03/08/2010
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 Neurological Surgery 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 58-year-old female who was injured on March 8, 2010. A hand written progress note dated December 3, 2013 is provided. Portions of this note are illegible, but what can be ascertained is the injured worker presents with complaints of neck pain rating to upper extremity with associated numbness and tingling. Additional complaints of right wrist pain rating to the 3rd digit and left knee pain. The physical exam is entirely illegible. The request for home healthcare is noted below by the reviewer. The utilization review in question was rendered on December 27, 2013. The reviewer denied the requests for home health services. The reviewer indicates the request outlines home health for assistance with cooking, cleaning, laundry, grocery shopping, and meal prep work.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE FOUR (4) HOURS A DAY THREE (3) DAYS A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines home health services Page(s): 51.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of home health services for otherwise recommended medical treatment for individuals that are homebound on a part-time or intermittent basis. However, the California Medical Treatment Utilization Schedule (MTUS) specifically indicates a medical treatment does not include homemaker services like shopping, cleaning, and laundry. As such, the request for Home Health Care for Four (4) Hours A Day, Three (3) Days A Week, for Six (6) Weeks is not medically necessary.