

Case Number:	CM14-0016039		
Date Assigned:	06/04/2014	Date of Injury:	08/01/2006
Decision Date:	07/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 63-year-old female with a reported date of injury of 08/01/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include bilateral wrist/forearm tendinitis and repetitive stress injury to the upper extremities. Her previous treatments were noted to include wrist braces. The progress report dated 08/20/2013 reported the injured worker rated her pain as 4/10 to the bilateral forearms and hands. The physical examination reported the injured worker has full range of motion throughout the upper extremities; no focal weakness on manual muscle testing; and both of her hands are cold. The sensory examination was normal. Tinel's signs were negative. The Request for Authorization form was not submitted within the medical records. The request is for a home health aide two times a month for four hours each time for six months due to the injured worker is limited in what she can do due to her industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, two times a month for four hours each time for six months: 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 request for a home health aide two times a month for four hours each time for six months is non-certified. The injured worker pays for a home health aide out of her pocket to clean her house, make her bed, and do her laundry. The California Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise for medical treatment for injured workers who are home bound, on a part time or intermittent basis, generally up to no more than 35 hours per week. 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 if this is only care needed. The documentation provided does not indicate that the injured worker home bound or is receiving medical treatment to necessitate home health services. The documentation provided indicated the injured worker needed a home health aide for housekeeper duties. However, the CA MTUS guidelines recommend home health for medical treatment and home health aide services for injured workes who are home bound. Therefore, the request is non-certified.