

Case Number:	CM14-0123988		
Date Assigned:	08/08/2014	Date of Injury:	03/18/2011
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational Medicine 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 26-year-old female with a 3/18/11 date of injury. The mechanism of injury occurred when she struck her right foot against a dresser. According to a progress report dated 7/22/14, the patient stated that her right foot pain was at 6/10. She stated that she sometimes crawled on the floor to get stuff done. She stated that she was able to do minimal housework and was only able to microwave her meals, such as quesadillas. She needed to have her parents help her with her laundry. She stated that she is moving to a new place and will have minimal support. She would like a homemaker to help her. Objective findings: no increased pain to palpation, left knee with some pain to McMurry's. Diagnostic impression: reflex sympathetic dystrophy right foot. Treatment to date: medication management, activity modification, ESI. A UR decision dated 7/25/14 denied the request for homemaker services. The available clinical information does not support that the request is medically reasonable and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Homemaker services (4 hours, 2 x week): 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 Page(s): 51.

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. There is no documentation that the patient is homebound. There is no documentation that the services requested are for medical treatment. 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. Therefore, the request for Homemaker services (4 hours, 2 x week) is not medically necessary.