

<b>Case Number:</b>	CM14-0131694		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family 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:

The medical records support ongoing care for her injuries. The records include the Primary Treating Physician's Progress Reports, consultation with a Pain Medicine Specialist and Orthopedic appointments. Her orthopedic evaluation was notable for the following chronic diagnoses: Cervical Spine Discopathy, Left Shoulder Mild Acromioclavicular Joint Arthropathy, Lumbar Spine Discopathy, Right Knee Internal Derangement, Left Knee Pain, and Morbid Obesity. Treatment has included joint injections, analgesics, physical therapy, topical creams, a cane, a knee brace, and psychiatric consultation. There is no specific rationale provided for the request for home health care services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 days per week 4-5 hours per day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of home health services. These 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. 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. (CMS, 2004) In this case, there is no evidence that the patient is homebound. Further, there is no documentation as to the rationale for the home health services; specifically, what tasks would be completed by a home health caregiver. In summary, there is insufficient documentation to support the medical need for home health care services. These services are not considered as a medically necessary treatment.