

Case Number:	CM14-0132326		
Date Assigned:	08/29/2014	Date of Injury:	01/19/1999
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/15/2014

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 injured worker is a 79 year old female who was injured on 01/19/99 due to a slip and twisting motion with no fall. The injured worker is status post left total hip replacement in 10/2000 and right total hip replacement in 02/2001. The claimant then underwent complex total right hip arthroplasty and extended trochanteric osteotomy on 05/11/09. The claimant has also undergone multiple ESIs at L5-S1. The injured worker complains of low back pain which was treated with RFA at the bilateral L4-5 and L5-S1 facets on 08/22/14. The injured worker is diagnosed with lumbosacral spondylosis without myelopathy and degenerative arthritis of the bilateral hips. Records indicate the injured worker is generally homebound. The injured worker participated in a home Health Aid Assessment on 01/17/12 which noted the injured worker rarely drove and spent the majority of the day in a chair. Meals were prepared by a friend that visits once per month or the housecleaner and were frozen for future use. The injured worker was able to bathe and perform self care though this made her tired. The injured worker was able to handle her finances and administer her own medications. The injured worker did not grocery shop on her own. An AME supplemental report dated 05/05/12 states the injured worker "is thought to be in need of approximately 1.47 hours per day of home aid, but not a liscensed skilled nurse." Clinical note dated 08/07/13 states the injured worker does not walk about the house much due to low back pain but "makes herself walk [about] 20 steps [per] week to stay mobile." Clinical note dated 01/08/14 notes the injured worker fell approximately 2-3 months prior and was unable to get up. It is noted the injured worker's pain now limits her from walking greater than 10 feet in the home. It is noted the injured worker does not receive HSS and is assisted by a friend. Most recent PR-2 (progress note) states the injured worker stays in her chair and sleeps there. The treatment plan included in this note states, "Nurse to go to home to determine extent of need for HSS." A request for a home health evaluation was submitted on 06/18/14 and was subsequently

denied by Utilization Review dated 07/01/14 which states the injured worker would be utilizing home health services as homemaker and personal care which is contraindicated by guidelines. This is an appeal request for a home health evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health evaluation: Overturned

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: MTUS Chronic Pain Medical Treatment Guidelines state home health care services may be recommended as "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)." Records indicate that, at the time of the request, the injured worker had regressed from partially mobile to largely confined to a chair at her home due to low back pain. The injured worker then underwent an RFA on 08/22/14. The records suggest that the injured worker is currently homebound and unable to perform personal care or homemaker duties. As such a definitive evaluation is medically necessary.