

Case Number:	CM14-0025221		
Date Assigned:	06/11/2014	Date of Injury:	03/13/2001
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 71-year-old female with a reported date of injury on 03/13/2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include stroke, left knee injury, new onset diabetes mellitus, hypertension, and moderate obstructive sleep apnea with periodic leg movement. The injured worker's previous treatments were noted to include a cane, CPAP titration with a sleeping pill, balance treatment, home assistance by daughter, and speech therapy. The injured worker complained of dizziness, increased disequilibrium, had not fallen but had near fall. The injured worker's daughter was helping more than 5 hours a day with cooking, cleaning, and shopping. The injured worker also has headaches and has had difficulty expressing herself. The Request for Authorization Form dated 01/22/2014 for continued home assistance by daughter, 5 hours a day and weekends for cooking, cleaning, shopping, and monthly deep cleaning due to transient ischemic attack, peripheral vertigo, and hearing loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE ASSISTANCE 5 HOURS A DAY ON WEEKDAYS AND WEEKENDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The request for home health care assistance 5 hours a day on weekends and weekdays is non-certified. The injured worker's daughter has been performing homemaker duties for more than 5 hours a day. The California Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for injured workers who are homebound, on a part-time, "intermittent" basis, generally up to no more than 35 hours per week. The guidelines state 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. The documentation provided shows the injured worker is able to drive to local familiar only as per the provider. There is a lack of documentation regarding medical treatment that would necessitate home health services and the request stated for assistance such as homemaker services that are not recommended by the guidelines. Therefore, the request is non-certified.