

Case Number:	CM14-0033815		
Date Assigned:	06/20/2014	Date of Injury:	05/30/2002
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 5/30/02 date of injury. At the time (3/14/14) of request for authorization for home aid assist: two (2) times a week for four (4) weeks, there is documentation of subjective (bilateral knee and bilateral hip pain, pain rated 5/10) and objective (worsening pain to the bilateral knees, constant right hip pain which is worse at night) findings, and treatment to date (left hip injection and medications). 2/12/14 medical report identifies a request for home aid 2 times a week for 4 weeks to help assist the patient with daily living activities. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and that the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home aid assist: two (2) times a week for four (4) weeks: 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 California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of bilateral knee and bilateral hip pain. However, given documentation of a request for home aid 2 times a week for 4 weeks to help assist the patient with daily living activities, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed). In addition, there is no documentation that the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for home aid assist: two (2) times a week for four (4) weeks is not medically necessary.