

<b>Case Number:</b>	CM14-0034231		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/17/2009
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 59 year old female with a date of injury of 01/17/2009. She sustain a low back injury. In 01/2011 she had a L5-S1 fusion. On 12/05/2011 she had she had a right hip labral repair. On 01/10/2014 she had right hip pain. Motor strength was normal but there was limitation from pain. Reflexes were normal. Sensory exam was normal. A right total hip arthroplasty was requested and subsequently done. There was a request for a physical therapist three times a week for two weeks (not under review). In addition there is a request for a person aid five hours a day for the first two weeks at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health aide 5 hours a day time two weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Criteria for skilled nursing facility care (SNF).

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

**Decision rationale:** 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. 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). The requested home health aid would be for homemaker services which are not consistent with MTUS guidelines. Therefore the request is not medically necessary.