

<b>Case Number:</b>	CM14-0039640		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/31/2001
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 North Carolina. 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 claimant is a 72 year old woman with a date of injury of 8/31/2001. She is currently managed for fibromyalgia, ankle sprain and difficulty walking. She has a long history of multiple orthopedic issues. She has received in home care for several years and a request was submitted to continue this care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care/Companion Care 8 hrs/day for 90 days starting 12/30/13.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section2 page 51 Page(s): 51.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) allows for the use of home health services for home bound claimants on an intermittent basis. Homemaker services such as personal care, shopping, cleaning and laundry are specifically excluded in the California MTUS. The medical record does not describe any need for home health services other than homemaker services. The medical record does not include any documentation of need for skilled home health nursing services. The medical record states that she does not need help with

hygiene services and does need help with such services as cleaning, cooking and grocery shopping. The claimant is also not certified as home bound. Housekeeping services are explicitly excluded from home health services and are not otherwise addressed in the MTUS. Therefore, 8 hours per day of home health care/companion care are not medically necessary.