

<b>Case Number:</b>	CM14-0056018		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, wrist, shoulder, and knee pain reportedly associated with an industrial injury of March 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for home health services, citing illegible documentation on the part of the attending provider. The applicant's attorney subsequently appealed. In a handwritten note dated July 2, 2014, the applicant reported persistent complaints of low back, mid back, and knee pain. Norco was refilled. The applicant was placed off of work, on total temporary disability. The attending provider sought authorization for a home health aide at the rate of four hours a day, three days a week, for six weeks. In an earlier prescription of April 11, 2014, the attending provider acknowledged that the home health care assistance being sought was for the purpose of assisting with "cooking, cleaning, laundry, etc."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Home Care Assistance 4 hours/day, 3 days/week for 6 weeks:** Upheld

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

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

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are homebound. However, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that medical treatment does not include homemaker services such as the assistance with cooking, cleaning, and laundry being sought here. Therefore, the request is not medically necessary.