MAXIMUS Federal Services

Case Number:	CM14-0056938		
Date Assigned:	04/30/2014	Date of Injury:	11/12/2013
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 injured worker is a 29-year-old who reported an injury on November 12, 2013. The mechanism of injury was metal fragments in the left eye. Per the initial personal care client assessment dated October 23, 2013 the injured worker reported severe pain to the left eye with standing and had a patch over the eye. The injured worker reported he had surgery to the eye and had 58 stitches. The date of the surgery and surgical details were not provided in the clinical documentation. The assessment note further reported the injured worker's parents had moved in with him to help out. The diagnosis for the injured worker was rupture of the eye with partial loss of intraocular tissue. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 3 TIMES FOR 3 TO ASSIST WITH ADL'S (ACTIVITIES OF DAILY LIVING): 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), Home Health Services Chapter.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Home Health services are only recommended for 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. There was a lack of documentation regarding the injured worker's extent of disability, the necessity of needed help, and the specific surgery that was indicated. Per the assessment provided the injured worker was requesting help with bathing, medications, and meal preparation. In addition, the assessment reported that the injured worker's parents had moved in with him and other family was assisting. The request for home health aide to assist with adl's (activities of daily living), three days per week for three weeks, is not medically necessary or appropriate.