

Case Number:	CM14-0062347		
Date Assigned:	05/07/2014	Date of Injury:	06/21/1991
Decision Date:	12/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Practice and is licensed to practice in Texas and Mississippi. 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 66-year-old female who reported an injury on 06/21/1991. The mechanism of injury is not provided. On 04/14/2014, the injured worker presented with chronic pain in the wrist, knee, and back. The physical examination was unremarkable. The diagnoses were major depression (single episode), and pain disorder associated with both psychological factors and a general medical condition. Other therapies were not provided. The provider recommended home health help 4 hours per month. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health help 4 hours per month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Home Health Aides May 17, 2005

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

Decision rationale: The request for home health help 4 hours per month is not medically necessary. The California MTUS Guidelines recommend home health services for patients who

are home bound on a part time or intermittent basis and generally no more than up to 35 hours a week. Medical treatment does not include home maker services like shopping, cleaning, and laundry, or personal care given by home health aides like bathing, dressing, and using the restroom when this is the only care needed. There is no information on if the patient is home bound on a part time or intermittent basis. Additionally, the provider does not provide a rationale for the home health services being requested. There are no objective functional deficits upon physical exam. The provider does not specify if the patient is in need of medical services to warrant home health services. As such, medical necessity has not been established.