

<b>Case Number:</b>	CM14-0091092		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 55-year-old female with a 3/7/00 date of injury, and status post bilateral total knee replacements 8/31/09. On 5/12/14 the authorization was requested for Additional Home Health Assistance (4 hours a day, 2 days per week). There is documentation of subjective difficulty with all activities of daily living, including; showering, dressing, light housekeeping, cooking, laundry, and driving. There is also objective range of motion of cervical spine throughout 75% of normal, abduction of both shoulders to 150 degrees, lumbar spine range of motion 75% of normal, and her gait is normal as long as she is on a level surface. The injured worker's findings and current diagnoses are; status post bilateral total knee replacements, carpal tunnel syndrome, and diabetes. The treatment to date: surgery and medications, including anti-inflammatory medication and Tylenol. There is no documentation that the patient requiring medical necessary of the medical treatment, and the patient is homebound on a part-time or intermittent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Home Health Assistance (4 hours a day, 2 days per week):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Home Health Services. Decision based on Non-MTUS Citation Blue Cross, Official Disabilities Guidelines (ODG), Home Health Services, Aetna Clinical Policy.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment, where homemaker services like; shopping, cleaning, and laundry. As well as, personal care given by home health aides like; bathing, dressing, bathroom care, as needed. The patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of status post bilateral total knee replacements, carpal tunnel syndrome, and diabetes. However, there is no documentation that the patient requires recommended medical treatment, where homemaker services like; shopping, cleaning, and laundry. As well as, personal care given by home health aides like; bathing, dressing, and using the bathroom is not the only care needed. The patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Additional Home Health Assistance (4 hours a day, 2 days per week) is not medically necessary.