

Case Number:	CM14-0096740		
Date Assigned:	07/23/2014	Date of Injury:	05/17/2008
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 30 year-old male was reportedly injured on May 17, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of headaches, neck pain, low back pain and right lower extremity pains. The physical examination demonstrated an antalgic gait requiring a single point cane and tenderness to palpation over the flaccid right upper extremity with swelling and edema and discoloration. Diagnostic studies objectified sleep apnea, which would require a continuous positive airway pressure (CPAP) device. Previous treatment includes- surgical intervention, multiple medications, and pain management interventions. A request had been made for home health aide and was deemed not medically necessary in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide for showering and dressing changes 16 hours weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Home Health Services Page(s): 51 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered, the current clinical condition outlined, the MTUS guidelines clearly state that medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides and that like bathing, dressing and using the bathroom is the only care needed. As such, the guidelines are clear that the intended services of showering are not medically necessary. It was noted that the injured worker was at home with his mother and stepsister who is 18-year-old. Furthermore, the injured employee was in place of a single point cane and can easily shower himself. Therefore, the request is not medically necessary.

House cleaning, grocery shopping, laundry 16 hours weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Home Health Services Page(s): 51 of 127.

Decision rationale: As outlined in the MTUS, medical treatment for home health aide does not include housecleaning, grocery shopping or doing laundry. Furthermore, the injured employee was able to ambulate with a single point cane indicating the ability to get about. There was no medical necessity presented for 16 hours of a home health individual to pursue personal matters. The request is not medically necessary.