MAXIMUS Federal Services

Case Number:	CM13-0015338		
Date Assigned:	12/11/2013	Date of Injury:	08/24/1999
Decision Date:	03/16/2015	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/22/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 low back pain reportedly associated with an industrial injury of August 24, 1999. In a Utilization Review Report dated August 12, 2013, the claims administrator denied a request for home health care to include assistance with activities of daily living, yard work, housekeeping, and meal preparation. The applicant's attorney subsequently appealed. In an appeal letter dated December 19, 2013, the attending provider stated that the applicant was 73 years old and had ongoing complaints of low back pain, knee pain, and forearm pain. The attending provider acknowledged that the applicant had retired in 2011 and was no longer working. The attending provider stated that the applicant's husband had passed away. The attending provider stated that the applicant needed assistance in terms of activities of daily living such as yard work, housework, and meal preparation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING WITH MEAL PREPARATION, YARD WORK, HOUSEKEEPING; 4 HRS A DAY, 3 DAYS PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: No, the request for home health care assistance was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise medical treatment to applicants who are homebound. Home health services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, by definition, do not include services such as assistance with activities of daily living, cooking, cleaning, yard work, meal preparation, i.e., the services being sought here. The request, thus, as written, is at odds with page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.