

<b>Case Number:</b>	CM14-0175261		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 74 year old female with an injury date of 10/15/98. As per progress report dated 07/22/14 (not very legible), the patient suffers from anxiety and increasing pain as well. The Utilization Review denial letter states that the patient suffered from cumulative trauma as a result of an industrial injury in 1998. Based on the 08/26/14 progress, the patient relies of Zoloft and Xanax to manage her symptoms. Diagnosis, 07/22/14: Major depression, Panic disorder, Insomnia due to Axis I disorder. The treater is requesting for Home Health Care for 4 Hours Daily. The utilization review determination being challenged is dated 09/29/14. The rationale was that "it is not established that she is homebound to substantiate the request for a home health aide." Treatment reports were provided from 07/22/14 - 08/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care for 4 hours daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient suffers from anxiety and increasing pain, as per progress report dated 07/22/14 (not very legible). The Utilization Review denial letter states that the patient suffered from cumulative trauma as a result of an industrial injury in 1998. The request is for HOME HEALTH CARE FOR 4 HOURS DAILY. MTUS page 51 has the following regarding home services, "recommended only for otherwise recommended 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 treatments 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." As per progress report, dated 08/26/14, the patient's husband who helped her with household chores died on 08/18/14. The patient "does not drive. She cannot get to grocery stores or to doctor's appointments. She cannot clean or cook without help." However, there is no home evaluation by a professional, whether or not home health at 4 hours a day would be adequate. Other than driving limitations, there are no discussion as to why the patient is unable to cook, clean and do other ADL's. The request is without a time-frame either and an open-ended request cannot be considered. Additionally, MTUS states that medical treatments do not include homemaker services such as cleaning, cooking and shopping. As these appear to be main types of care needed, this request IS NOT medically necessary.