

Case Number:	CM14-0186458		
Date Assigned:	11/14/2014	Date of Injury:	02/26/2009
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family medicine and is licensed to practice in New Jersey. 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 worker is a female who was injured on 2/26/2009. She was diagnosed with extrinsic asthma secondary to chemical exposure. She was treated with inhaled corticosteroids, inhaled bronchodilators, which she subsequently had been using for years leading up to this request. On 6/15/14, the worker was prescribed home healthcare 3 days per week by one of her providers. Then months later, on 10/6/14, the worker was seen by another new treating provider reporting ongoing shortness of breath and muscle spasms in the back from excessive coughing and has difficulty with activities at home due to chest pain, reporting an inability to clean her home if she comes in contact with any chemicals. Physical findings included wheezing bilaterally and normal heart sounds. She was then recommended to see a pulmonologist, get home health care, take Lorazepam, Advair, Medrol, Singulair, albuterol, and Spiriva.

IMR ISSUES, DECISIONS AND RATIONALES

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

HHC (home health care) services x3 days a week: 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, Page(s): 51.

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for 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. The MTUS also clarifies that medical treatment 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. In the case of this worker, she had described her having difficulty performing house cleaning around house due to the potential for interacting with chemicals which may cause worsening of her asthma condition. However, this alone isn't sufficient to recommend home health care. Also, there are non-chemical methods of cleaning which could be explored by this worker. Therefore, the home health care services are not medically necessary.