

Case Number:	CM14-0189470		
Date Assigned:	11/20/2014	Date of Injury:	10/20/2014
Decision Date:	01/08/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 52-year-old female with a 10/20/2014 date of injury. The exact mechanism of the original injury was not clearly described. A patient home assessment report dated 11/1/14 noted that the patient just sleeps and watches television all day. She only gets up to go to the bathroom and back into the living room. There are no objective findings documented. Diagnostic Impression: left ankle trimalleolar fracture. Treatment to Date: ankle surgery, medication management. A UR decision dated 11/10/14 denied the request for home health aide for help in activities of daily living (ADLs), 336 hours. There is no documentation of required medical treatment and therefore the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid for help in activities of daily living (ADLs), 336 hours: Upheld

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

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

Decision rationale: CA MTUS states that home health services are 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 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. However, although the patient has recently had surgery for a trimalleolar fracture, there is no indication that she is homebound. The request is for a home health aide for help with ADLs. Help with activities of daily living like bathing, dressing, and using the bathroom are not primarily medical needs. Therefore, the request for home health aide for help in activities of daily living (ADLs), 336 hours was not medically necessary.