

Case Number:	CM14-0190422		
Date Assigned:	11/21/2014	Date of Injury:	10/27/1999
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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 66-year-old male with a 10/27/1999 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/9/14 noted subjective complaints of low back and knee pain. He also reported having difficulty with ADLs. He is unable to dress lower body, maintain toileting hygiene, shop for self, cook meals, or do laundry/housekeeping. Objective findings included ability to ambulate with a walker. Diagnostic Impression: degenerative disc disease. Treatment to Date: medication management and physical therapy. A UR decision dated 10/24/14 denied the request for home healthcare. Homemaker services are not considered as medical services and only medical related services are covered as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care: 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: 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, there is no indication that the patient is homebound. The documentation notes specifically that the patient needs home health care because of difficulty with ADLs such as shopping, laundry, cleaning, bathing and dressing. Guidelines do not support a home health aide when this is the only care needed. Therefore, the request for home health care is not medically necessary.