

Case Number:	CM14-0192676		
Date Assigned:	11/26/2014	Date of Injury:	05/14/2009
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 American Board of Family Practice 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:

71-year old male claimant sustained a cumulative work injury from 1/89 to 7/23/09 involving the shoulder, elbows, knees, neck and low back. He was diagnosed with left knee medial meniscal tear, degenerative changes of the right knee, bilateral lateral epicondylitis, left shoulder rotator cuff tear, cervical disk disease and lumbar strain. He underwent arthroscopic shoulder surgery. A progress note on 9/11/14 indicated the claimant had not reached maximum medical improvement. He was unable to climb stairs due to knee swelling and popping. An MRI was recommended of the knees, right shoulder and legs. The physician also requested home health 4 hrs. Per days- 2 times per week to assist the claimant with household chores, cooking, yard work and pool cleaning. An extension for home care was again requested on 10/14/14 and 11/4/14 to 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 4 hours per day, 2 days per week for 6 weeks (11-4-14 through 12-16-14) to assist with cooking, yardwork, and pool cleaning: 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 care Page(s): 51.

Decision rationale: 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. In this case, the request was for homemaker related services such as pool cleaning and house chores. Therefore it is not medically necessary.