

Case Number:	CM14-0205855		
Date Assigned:	12/17/2014	Date of Injury:	10/02/1986
Decision Date:	02/10/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency 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:

The injured worker is a 72 year-old female, who sustained an injury on October 2, 1986. The mechanism of injury is not noted. Treatments have included: lumbar laminectomy, physical therapy, medications. The current diagnoses are: lumbar post-laminectomy syndrome, right lower extremity radiculopathy, legally blind. The stated purpose of the request for Home health care; four hours a day, four days a week for one year was to provide ADL assistance, The request for Home health care; four hours a day, four days a week for one year was denied on November 12, 2014, citing that homemaker services are not considered medical treatment. Per the report dated October 3, 2014, the treating physician noted right hip swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care; four hours a day, four days a week for one year: Upheld

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

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

Decision rationale: The requested Home health care; four hours a day, four days a week for one year is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009:

Chronic Pain Treatment Guidelines, Page 51, Home health services, note 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." The treating physician has documented right hip swelling. The treating physician has not documented the medical necessity for homemaker services as an outlier to referenced guideline recommendations. The criteria noted above not having been met, Home health care; four hours a day, four days a week for one year is not medically necessary.