

Case Number:	CM14-0026151		
Date Assigned:	06/20/2014	Date of Injury:	10/15/1996
Decision Date:	01/02/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, generalized anxiety disorder, knee pain, and leg pain reportedly associated with an industrial injury of October 15, 1996. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for home health care. The applicant's attorney subsequently appealed. In a November 20, 2013 progress note, the applicant reported multifocal complaints of upper back pain, low back pain, knee pain, ankle pain, and foot pain. The applicant stated that her orthopedic injuries had resulted in her developing a variety of derivative issues, including diabetes, hypertension, weight gain, obesity, and depression. The applicant was given a primary diagnosis of bilateral knee internal derangement. Authorization was sought for home health care for the purposes of helping the applicant perform household chores and personal hygiene. A knee corticosteroid injection was administered. The applicant was given a prescription for Norco and deemed "permanently totally disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 4 hours a day for 5 days a week: 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: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. In this case, however, there was no evidence that the applicant is in fact homebound or bedbound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that home health services are not indicated for the purpose of delivering assistance with homemaker services/housekeeping, i.e., the services seemingly being sought here. The attending provider indicated in this progress note that he intended the home health aide to help the applicant perform household chores. Such services specifically are not covered as stand-alone services, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates. Therefore, the request is not medically necessary.