

Case Number:	CM14-0034874		
Date Assigned:	06/23/2014	Date of Injury:	05/28/1997
Decision Date:	01/30/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 mid back pain, low back pain, knee pain, hip pain, and ankle pain reportedly associated with an industrial injury of May 20, 1997. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for a home health aide. The claims administrator suggested that the decision was based on a progress note of February 7, 2014. The applicant's attorney subsequently appealed. On August 1, 2014, the applicant reported multifocal pain complaints, including shoulder pain, hip pain, wrist pain, and leg pain. The applicant was status post total knee arthroplasty. 6 to 9/10 pain was appreciated, exacerbated by bending, reaching, stooping, crawling, and doing exercises. The attending provider reiterated the request for home health aide eight hours a day, seven days a week, to assist the applicant attend appointments, perform activities of daily living, and include assistance with shopping, cleaning, and personal care. The applicant was described as status post prior lumbar laminectomy surgery. In a letter dated May 5, 2014, the attending provider appealed previously denied home health services. The attending provider stated that the applicant needed a home health aide to help her get herself dressed, perform personal hygiene, grocery shopping, cooking, and cleaning. The applicant was using Lyrica for pain relief. The applicant had chronic back pain complaints status post earlier failed laminectomy and had superimposed depressive symptoms, it was stated. It was stated that the applicant needed a home health aide until such time that she would complete a functional restoration program. On February 18, 2014, the attending provider again reiterated his request for a home health aide or assistant to facilitate the applicant getting dressed, perform personal hygiene, grocery shopping, cooking, and cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Healthcare 10 hours/day 7 days a week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Page(s): 51,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services topic 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 in applicants who are home bound. In this case, there is no evidence that the applicant is, in fact, home bound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to further qualify its position by noting that medical treatment does not include homemaker services such as shopping, cleaning, laundry, personal care, i.e., the services being sought here. The assistance with personal hygiene, housekeeping, cooking, dressing, grocery shopping, and other services being sought here, thus, are specifically not covered when sought as stand alone services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.