

<b>Case Number:</b>	CM15-0006894		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70 year old male, who sustained an industrial injury on June 18, 2014. He has reported head injury, right eye, shoulder, arm, elbow and knee pain and left hand pain. The diagnoses have included open face wound, blunt head trauma, right arm wound, right knee wound, cervical sprain/strain and open wound left hand. Currently, the IW complains of post-operative right knee pain. Treatment includes post-operative (right total knee replacement December 13, 2014), physical therapy and oral medications. On January 7, 2015 utilization review non-certified a request for home health aide for activities of daily living (ADL) 4 hours a day, noting the home health is for the homebound. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 13, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide, 4 hours per day:** 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:** This patient presents with a head injury, with right eye pain, shoulder/arm/elbow/knee pain, and left hand pain and is s/p right total knee replacement from 12/13/14. The treater has asked for HOME HEALTH AIDE, 4 HOURS PER DAY on 1/2/14. The 1/2/14 report states: "the patient does currently live alone and is having some difficulty maintaining his activities of daily living. At this time we request a home health aide as the patient is only approximately three weeks postop." Regarding home health services, MTUS recommends 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 patient is three weeks post-op right knee replacement. The requested home care, however, does not specify any medical care that the patient needs other than "activities of daily living." Homemaker services i.e. cooking, cleaning, personal care, errands does not constitute medical treatment per MTUS guidelines. The request IS NOT medically necessary.