

<b>Case Number:</b>	CM15-0104449		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/20/2004
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54-year-old who has filed a claim for chronic neck pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of May 20, 2004. In a utilization review report dated May 22, 2015, the claims administrator failed to approve a request for home care assistance at a rate of 15 hours a week for six months. The claims administrator referenced an RFA form dated May 15, 2015 and associated progress note on May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On May 5, 2015, the applicant's psychologist reported that the applicant was "permanently disabled" owing to issues with psychological stress, depression, and lack of assistance. The applicant was asked to follow up to obtain psychotherapy and psychotropic medications. In a pain management note dated May 4, 2015, the applicant was again described as "permanently disabled" on both a physical and on emotional basis. The attending provider stated that the applicant needed home healthcare assistance to assist in performance of activities of daily living such as vacuuming, ironing, mopping, grooming, and shopping. The attending provider stated that the applicant had undergone a failed cervical fusion surgery and was also in need of transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care Assistance, 15 Hours A Week for 6 Months: Upheld**

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

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

**Decision rationale:** No, the request for home healthcare assistance at a rate of 15 hours a week for six months was not medically necessary, medically appropriate, or indicated here. 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. Medical treatment, however, does not include homemaker services such as the vacuuming, ironing, mopping, grooming, and shopping proposed here, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.