

<b>Case Number:</b>	CM15-0018379		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Arizona

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 66-year-old male who reported an injury on 10/12/2005. The mechanism of injury was cumulative trauma. The medications included Norco, Fexmid, and Xanax. Other therapies included physical therapy, acupuncture, and cognitive therapy. Diagnostic imaging included an MRI of the lumbar spine. The injured worker was noted to undergo bilateral knee replacements. The documentation of 09/24/2014 revealed the injured worker's diagnoses included lumbosacral musculoligamentous sprain and strain with MRI findings, status post bilateral knee replacement, major depressive disorder, and peptic ulcer disease. The injured worker was noted to have increasing symptoms with activities of daily living requiring housework of mopping, vacuuming, dusting, making the bed, cleaning the bathroom, sweeping, cooking, and doing dishes, laundry, and grocery shopping. Additionally, the injured worker was noted to have required assistance with these activities of daily living. The documentation indicated the physician opined the injured worker would have the reported limitations and would need ancillary home services. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care, 2 hours a day, 7 days a week for 6 weeks: 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:** The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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 clinical documentation submitted for review failed to indicate the injured worker was in need of medical treatment. The request was made for homemaker and personal care given by home health aides. As such, there was a lack of documentation indicating a necessity for home care. Given the above, the request for home care, 2 hours a day, 7 days a week for 6 weeks is not medically necessary.