

<b>Case Number:</b>	CM15-0164064		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 52 year old male, who sustained an industrial injury on 9-16-2010. Diagnoses have included lumbar spine sprain-strain, cervical spine sprain-strain, bilateral hips sprain-strain, bilateral knees sprain-strain, right foot and ankle sprain-strain, right and left shoulder sprain-strain, left elbow sprain-strain and right wrist and hand sprain-strain. Treatment to date has included medication. According to the progress report dated 6-29-2015, the injured worker complained of pain and discomfort throughout his body. He reported difficulty sleeping. Objective findings revealed the injured worker to be ambulating with the aid of a wheelchair. Authorization was requested to continue home health care 24 hours-7 days a week to assist with cooking, cleaning, showering, bathing, grocery shopping, traveling, etc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue home health care-home health care 24 hrs/7 days a week to assist with cooking, cleaning, showering, bathing, grocery shopping, traveling, etc.:** 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:** The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing pain throughout the body, constipation, and problems sleeping. The request suggested the worker needed assistance with housekeeping and meal preparation. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services and for a larger number of weekly hours than is supported by the Guidelines. In the absence of such evidence, the current request for home health care "24/7" to assist with cooking, cleaning, showering, bathing, grocery shopping, and traveling is not medically necessary.