

Case Number:	CM15-0164762		
Date Assigned:	09/02/2015	Date of Injury:	09/06/2006
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	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: North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old female with an industrial injury dated 09-06-2006. The injured worker's diagnoses include ankle and foot joint pain, lower leg joint pain, displacement of cervical intervertebral disc without myelopathy, and sciatica. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-23-2015, the injured worker presented for follow up for increased edema and knee pain. The injured worker report that she is barely able to make it out of the house for her doctor visits. Physical exam was not documented. The treatment plan consisted of home assistance, follow up consultation, authorization for nurse case manager, medication management and follow up visit. The treating physician prescribed services for home assist three hours in the morning and two hours in the evening now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assist 3 hours in the morning and 2 hours in the evening: 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 Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services Recommended only for otherwise recommended medical treatment for patients who are Home bound, 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. (CMS, 2004) Home health services are recommended for patients who are home bound. However homemaker services are not recommended and therefore the request is not medically necessary.