

<b>Case Number:</b>	CM15-0168533		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Emergency 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:

This 72 year old male sustained an industrial injury on 8-13-12. Diagnoses include head injury. Treatments to date include MRI testing, surgery, physical therapy and prescription medications. The injured worker has continued complaints resulting from his head injury including the need for supervision with activities of daily living. The injured worker has remained off work. Upon examination, cervical range of motion was decreased. Motor examination reveals the need for maximum assistance to rise. RAMs were slowed on the left with fixation of the right arm. Several months' worth of home health aide notes was included in the documentation. A request for Retrospective Home Health Care 24/7, 365 days/year (years) QTY 1 DOS: 8/19/2015 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Home Health Care 24/7, 365 days/year (years) QTY 1 DOS: 8/19/2015:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** As per MTUS chronic pain guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35hours per week. There are notes specifically describing services needed for that is expressly defined as homemaker service which is expressly not the services that home health services is for. The requested number of hours is not appropriate and the services requested are not medical related but defined as homemaker services. If patient has issues meeting basic home needs such as feeding, clothing, bathing etc. then the patient should be placed in a fulltime nursing facility. Fulltime multi-year request for home health service is not medically necessary.