MAXIMUS Federal Services

Case Number:	CM15-0207841		
Date Assigned:	10/26/2015	Date of Injury:	06/18/1998
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 62 year old female, who sustained an industrial injury on 6-18-1998. The injured worker was being treated for cervicalgia, brachial neuritis or radiculitis not otherwise specified, chronic bilateral knee pain, chronic bilateral shoulder pain, bilateral upper extremity and left lower extremity pain, and low back pain. The injured worker (5-21-2015) reported falling on a daily basis with difficulty getting back into her wheelchair. She reported difficulty keeping her 10 medications straight. She reported that she wanted home health care to help with transfers into her wheelchair after falling and taking her medications without getting mixed up. She reported her sisters take her in on the weekends. The objective findings (5-21-2015) included the injured worker was sitting in a rollator, decreased right hand grip, right shoulder abduction and flexion of 90 degrees, and left shoulder abduction and flexion of 160-170 degrees. The injured worker (8-13-2015) reported ongoing neck and upper extremity pain. She reported that she struggles significantly with her lower cervical spine since a ground-level fall at home and she has a lot of spasms. The treating physician noted that there were no significant change in objective findings on 8-13-2015. The injured worker (9-10-2015) reported ongoing neck and upper extremity pain. She reported that in-home health care was overturned. The objective findings (9-10-2015) included continued use of a wheelchair and tenderness to palpation of the cervical spine. Surgeries to date have included cervical spine and knee surgery. Treatment has included a rollator for mobility, a wheelchair, an electric scooter, and medications including oral and topical pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-10-2015 report), the employee has not returned to work. On 9-17-2015, the

requested treatments included home health care aide (personal care assistant), 2 hours per 5 days per week, (10 hours per week for 3 months), 120 hours. On 9-29-2015, the original Utilization Review non-certified a request for home health care aide (personal care assistant), 2 hours per 5 days per week, (10 hours per week for 3 months), 120 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care aide (personal care assistant), 2 hours per 5 days per week, (10 hours per week for 3 months), 120 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Medicare.gov https://www.medicare.gov/coverage/home-health-services.html.

Decision rationale: Per the cited CA MTUS, home health care is recommended only for otherwise recommended medical treatment for injured workers who are homebound, either part-time or intermittent, for generally up to no more than 35 hours per week. The guidelines specify that 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. According to the treating provider notes, the injured worker does not appear homebound and the need for medical home treatment is not well documented. If the injured worker is primarily in need of homemaker and personal services, which is the case for this injured worker, a home health aide is not medically necessary. Furthermore, any service that could be done safely by a non-medical person, without the supervision of a nurse, is not considered skilled nursing care. Therefore, based on the available medical records and cited guidelines, the request for home health care aide (personal care assistant), 2 hours per 5 days per week, (10 hours per week for 3 months), 120 hours, is not medically necessary and appropriate.