

<b>Case Number:</b>	CM15-0209460		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 49-year-old male, who sustained an industrial injury on 03-01-2005. According to a progress report dated 09-30-2015, the injured worker needed assistance with walking, showering, and dressing. He reported light-headedness with near syncopal episodes, poor sleeping, right lower extremity pain, depression, and constant dull aching with soreness and stiffness to the lower back, headaches, cervical spine pain, and lumbar spine pain. He was very forgetful and nervous. Left hand numbness was noted. He still had a lot of jerking at night. Diagnoses included hearing loss in right ear, cervical spine radiculopathy, depression, 12-04-2014 right foot fracture, severe headaches, and left carpal tunnel syndrome, PLM with mild obstructive sleep apnea on Pramipexole, post-traumatic stress disorder, erectile dysfunction, and hemorrhoids. The treatment plan included ortho for right foot fracture, MRI of the cervical spine to rule out myelopathy, ortho for right shoulder, Pepcid, audiology evaluation, Viagra, stool softener, increase home assistance 4 hours a day for 365 days to monitor walking, refill medications, and a follow-up psychological evaluation. Follow up was indicated in 6 weeks. On 10-09-2015, Utilization Review non-certified the request for home health care 4 hours per day 365 days a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 4 hrs/day/365 days a year: 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, "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 through 10-14-15, the injured worker does not appear homebound and the need for medical home treatment is not well documented. The treating provider notes state that the injured worker has severe musculoskeletal pain and needs help with walking and dressing himself. He further states that the injured worker is at risk for falls and requires monitoring during ambulation. However, 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 4 hours per day 365 days a year is not medically necessary and appropriate.