

<b>Case Number:</b>	CM15-0030659		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/29/2000
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: 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 an 81 year old female, who sustained an industrial injury on 4/29/00. She has reported swelling in the left leg. The diagnoses have included cerebral infarct due to thrombosis of cerebral arteries, late effect cerebrovascular accident (CVA), hemiplegia, hypertension diabetes mellitus osteoporosis, Degenerative Joint Disease (DJD), and peripheral vascular disease. Treatment to date has included medications, conservative measure and physical therapy. Currently, the injured worker complains of swelling in the left leg. She had physical therapy for this and states that she did not see any improvement in ambulation but the swelling improved with exercises and medication. She was with her caregiver, in a wheelchair. There were no new events. She continues to have weakness on the left side from her stroke which is causing her difficulty with ambulating. She sees improvement since going to the adult day care center where she continues to get physical exercise and therapy. Physical exam revealed obese, non ambulatory female. She was unable to perform heel to shin and pronator drift. The right upper extremity was spastic and rigid and had decreased range of motion. The left lower extremity was flaccid. There was no physical therapy sessions noted. Request was for home health aide. On 1/15/15 Utilization Review non-certified a request for Home health aide, 24 hours, daily permanent need for one yr, to be reviewed annually QTY:364.00 and Home health aide 35 hours per week for two months with a reassessment QTY:1.00, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Home health services page 51 and non-(MTUS) Medical Treatment Utilization Schedule citation

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=227&ncdver=1&DocID=28>.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health aide, 24 hours, daily permanent need for one yr, to be reviewed annually QTY: 364.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=227&ncdver=1&DocID=28>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of home health services as a treatment modality. These guidelines state the following: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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. In this case, the request for services exceeds the MTUS guidelines of "no more than 35 hours per week." For this reason, a home health aide 24 hours a day, permanent need for one year, to be reviewed annually, is not considered as medically necessary.

**Home health aid 35 hours per week for two months with a reassessment QTY:1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=227&ncdver=1&DocID=28>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Medicare and Home Health Care: <https://www.medicare.gov/Pubs/pdf/10969.pdf>.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of home health services as a treatment modality. These guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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. The above cited CMS/Medicare guidelines on home health care indicate that a reassessment by the treating physicians after 60 days is recommended. In my review of this case, the Utilization Review Report, dated 1/15/2015 certified the use of a home health aide 35 hours per week for two months with a reassessment. I agree as this follows the above cited MTUS and CMS guidelines on home health care.