

<b>Case Number:</b>	CM15-0041846		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/06/2002
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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, who sustained an industrial injury on 11/6/2002. The current diagnoses are cervical myofascial pain and chronic pain syndrome. Treatment to date has included medications and electrodiagnostic studies. According to the progress report dated 11/6/2014, the injured worker complains of neck pain and stiffness along with occasional back pain. She indicates she has difficulty performing activities of daily living as well as housekeeping duties independently due to her pain. The pain is manageable with the adjunct of topical compound cream and Tramadol. The current plan of care includes home healthcare assistance, four hours daily, seven days a week and 8 hours of housekeeping assistance weekly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home healthcare assistance, four hours daily, seven days weekly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, and 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. Within the documentation available for review, there is no documentation that the patient is home bound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.

**Housekeeping assistance, eight hours weekly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health and discussion of assisted services Page(s): 51.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. Section 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 51 of 127, state the following: "[Home health is] 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. (CMS, 2004)In this case, the request for housekeeping assistance is based upon chronic pain experienced by the worker. However, there is no demonstrated need for in-home skilled nursing. The guidelines specifically recommend against assistance with personal care when there is no documented skilled nursing need (such as need for IV infusion, etc). This request is not medically necessary.