

<b>Case Number:</b>	CM15-0042508		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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

### 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 58-year-old male, who sustained an industrial injury on 8/17/2010. He reported and injury while changing tires. The injured worker was diagnosed as status post right hip arthroplasty with revision, status post carpal tunnel release, left hip pain, lumbar degenerative joint disease and knee cartilage tear. Treatment to date has included surgery, physical therapy, occupational therapy, epidural steroid injections and medication management. Currently, a progress note from the treating provider dated 1/27/2015 indicates the injured worker reported worsening pain in the back and hips with the right hip pain being greater than the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home healthcare visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient was injured on 08/17/2010, presents with worsening pain in his back, and hips. The request is for a home health care visit. The RFA is dated 01/29/2015 and the patient's work status is not known. MTUS Guidelines page 51 has the following regarding home service, "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, laundering, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed."The 01/27/2015 report states "the patient might require revision of surgery on his right knee at some point and that he may require a home health care consult for home health care needs. I will request authorization for a home health care visit to assess his needs for home health care issues he would require." In this case, MTUS Guidelines recommend generally up to no more than 35 hours per week; however, the treater does not indicate how many hours totally he is requesting home health care for. In addition, there is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. MTUS does not support home care assistance if this is the only care that is needed. The patient does not present with any organic basis for instability to perform home duties. The requested home health care visit is not medically necessary.