

<b>Case Number:</b>	CM15-0049069		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/29/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 72-year-old female, who sustained an industrial injury on 4/29/99. She reported pain in the wrists, hands, knees and low back related to cumulative trauma. The injured worker was diagnosed as having patellofemoral pain and osteoarthritis. Treatment to date has included MRI's, EMG/NCV study, left total knee replacement, physical therapy and pain medications. As of the PR2 dated 2/23/15, the injured worker reports pain and stiffness in her bilateral knees that makes it difficult for her to shower. The treating physician requested a home health aide to assist with daily living activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health Aide 4 hrs/day/4 weeks:** 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 health services Page(s): 51 of 127.

**Decision rationale:** Concerning home health services, MTUS states: "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." Based upon the submitted documentation the injured worker does not appear to be homebound. Other means of facilitating bathing such as provision of a shower chair are not documented. MTUS does not consider homemaker services and personal care by a home health aide to constitute medical treatment if this is the only care needed. This request is not medically necessary.