

Case Number:	CM14-0002075		
Date Assigned:	01/17/2014	Date of Injury:	08/21/2006
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 95 year old male with an injury reported on 08/21/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/05/2013, reported that the injured worker complained of intractable headaches. The physical examination findings reported vascular insufficiency in the right foot. It was reported that there was a slight discoloration noted to his right foot. It was noted that the injured worker required assistance with bathing, dressing and meal preparations, eight hours a day for seven days a week, for the rest of his life. The injured worker's diagnoses included dementia, lumbar spinal stenosis, cervical spondylosis, bilateral knee degenerative joint disease, hearing loss, atrial fibrillation, neurogenic bladder and reports of depression with mood swings. The request for authorization was submitted on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE EIGHT (8) HOURS PER DAY X SEVEN (7) DAYS A WEEK X TWELVE (12) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

Decision rationale: The request for home health care eight (8) hours per day x seven (7) days a week x twelve (12) weeks is not medically necessary. The injured worker complained of intractable headaches and it was reported that he has vascular insufficiency in the right foot with a slight discoloration noted. It was also reported that the injured worker requires assistance with bathing, dressing and meal preparations, eight hours a day for seven days a week, for the rest of his life. The Chronic Pain Medical Treatment Guidelines recommend home health services 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. It was unclear the medical treatment being recommended for the home health services request. Also, per the guidelines homemaking services like shopping and cleaning are not included as medical treatments. Furthermore, the request for home health care services for eight hours per day times seven days a week exceeds the recommended guidelines of 35 hours per week. Thus, the request is not medically necessary.