

<b>Case Number:</b>	CM14-0166839		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/21/1999
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Pain Medicine and is licensed to practice in California. 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 66 year-old female with a date of injury of 5/21/1999. The patient's industrially related diagnoses include cervical spinal stenosis, bilateral upper extremity radiculopathy, cervicogenic headaches, lumbar myoligamentous injury, right shoulder internal derangement, status post acromioplasty and coracoacromial ligament resection 1/13/2000, reactionary depression and anxiety, medication induced gastritis, and obesity. The patient is taking Norco, Neurontin, and MS Contin for pain control. She is currently using an assistive device (4-wheeled walker) and manual wheelchair, which she cannot maneuver easily due to her neck and shoulder pain. The disputed issue is home health evaluation. More specifically, the ordering physician is requesting home health aide services, 4 hours per day, 5 days per week. Per the requesting provider's order, the patient requires assistance for safety, ambulation, and most activities of daily living, including meal preparation, bathing, dressing, medication administration and supervision, and transportation. A utilization review determination on 9/26/2014 had noncertified these requests. The stated rationale for the denial was according to guidelines for home health services are recommended for only medical treatments for patients who are homebound, on a part time or intermittent basis, generally less than 35 hours per week. In addition, medical treatment does not cover homemaker services like shopping, cooking, cleaning, laundry, and personal care such as bathing, dressing, using the bathroom when this is the only care needed. Therefore, this request was not authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health evaluation:** 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 rationale:** The Chronic Pain Medical Treatment Guidelines state the following regarding "Home health services" on page 51: "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)" According to a progress note from 9/10/2014, the patient requires assistance for safety, ambulation, and most activities of daily living, including meal preparation, bathing, dressing, medication administration and supervision, and transportation. However, the guidelines clearly states custodial cares, as ordered by the treating physician are not considered medical treatments when they are the only care needed by the patient. Therefore, this request is not medically necessary.