

Case Number:	CM14-0174153		
Date Assigned:	10/24/2014	Date of Injury:	12/08/1997
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 12/8/1997. She was diagnosed with crush injury left lower extremity, plantar fasciitis right foot, lumbar sprain/strain, and later reflex sympathetic dystrophy of the right lower limb. She was treated with surgery (left leg), medications, ankle/foot orthosis, wheeled walker, and lumbar nerve block injections, according to the documents provided for review. She had utilized home care for the purpose of help cleaning the bathroom, cleaning the living room, doing the dishes, and making the bed. Her husband helps her with walking and other tasks as he is available. On 8/20/14, the worker was seen for a follow-up with her primary treating physician reporting continued pain in her left lower extremity, rated 6-9/10 on the pain scale. She also reported her lower back pain at 4-6/10 on the pain scale. Tenderness of the left lower extremity and lumbar spine was present along with a noticeable unstable gait. She was then recommended to use extra-depth shoes and to continue her home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Home Health Services 6 hours per day, 2 days per week: 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 Services, Page(s): 51.

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for 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. The MTUS also clarifies that 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. In the case of this worker, there was insufficient evidence to suggest her health aide was present at her home for the purpose of assisting her with medical treatments. On the contrary, the aide had been helping her with house work, which is not recommended by itself. Therefore, the request for Home Health Services is not medically necessary.