

<b>Case Number:</b>	CM15-0101060		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/09/1992
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: 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 64-year-old female, who sustained an industrial injury on January 9, 1992. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having failed back syndrome, cardiac problems, osteoarthritis bilateral knees, anxiety, and depression. Diagnostic studies were not included in the provided medical records. Treatment to date was not included a walker and medications including pain, antidepressant, and anti-anxiety. In an undated letter, the treating physician noted that the injured worker is unable to perform any activity of self-care activities of daily living. She has multiple health issues including diabetes mellitus, hypertension, arthritis of the knees, and cardiac disease. She has difficulty walking at home and uses a walker. She has problems with balance and frequent falls. She needs assistance with cleaning, self-care and food preparation. On April 10, 2015, the injured worker complains of constant low back pain. The objective findings include she is mostly confined to a wheelchair and the ability to ambulate short distances at home with the use of a walker. She is permanently disabled. The requested treatment is a personal caregiver for four hours daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Personal Caregiver, 4 hours daily:** 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 Section Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for homemaker services and not for medical treatment. The injured worker is a good candidate for home health services, however, this request is for an undefined period of time. The request for personal caregiver, 4 hours daily is determined to not be medically necessary.