

Case Number:	CM15-0017682		
Date Assigned:	02/05/2015	Date of Injury:	03/14/2007
Decision Date:	03/25/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on 3/14/2007, after a slip and fall incident, with injury to her left upper and lower extremities. The diagnoses have included depressive disorder. Treatment to date has included surgical intervention and conservative treatment. Currently, the injured worker complains of left hip and knee pain, bilateral shoulder pain, bilateral wrist and hand pain, and back pain. She continued to visit the gym regularly, doing exercises on the treadmill, as well as workouts on the abdominal machine, in an attempt to lose weight. She appeared morbidly obese and anxious. She stated she did need assistance with home chores and grooming. An occupational therapy from 3/06/2014 was referenced as stating that the injured worker would benefit from help with household chores and grooming. On 1/17/2015, Utilization Review non-certified a request for home health assistance for household chores and grooming, twice weekly for an unknown number of weeks, noting the lack of compliance with Non- MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home health assistance for household chores and grooming twice weekly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11) Chapter 7 Home Health Services; section 50.2 (Home Health Aide Services)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Home health care services

Decision rationale: Pursuant to the Official Disability Guidelines, unknown home health assistance for household chores and grooming twice-weekly is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. In this case, the injured worker's working diagnoses are bilateral carpal tunnel; pain in shoulder bilateral; pain in lower leg left knee; pain in ankle/foot left ankle. The injured worker is able to leave her home without significant effort and travels to the gym regularly where she is able to perform unassisted exercise using the treadmill and abdominal machine attempting to lose weight. There is no evidence the injured worker requires skilled nursing. The Official Disability Guidelines are very specific for home healthcare services. One requirement is that the injured party be homebound. This injured worker travels freely about and to the gym on a regular basis. Consequently, absent clinical documentation to support home health assistance, unknown home health assistance for household chores and grooming twice-weekly is not medically necessary.