

<b>Case Number:</b>	CM15-0117215		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/16/1995
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old male sustained an industrial injury to the low back on 9/16/95. Past medical history was significant for bipolar disorder, emphysema, ischemic cardiomyopathy, myocardial infarction, implantable cardioverter defibrillator and obesity. In September 2014, the injured worker was admitted to the hospital after a fall with head injury. The injured worker developed a subdural hematoma. The fall was precipitated by a presumed seizure. The injured worker was initiated on Lithium. The injured worker had been admitted to the hospital in February 2015 due to severe confusion with lithium toxicity. The injured worker was reported to be tangential and not coping well and home. In a consultation dated 4/14/15, the physician described the injured worker as an excellent historian. The injured worker was alert and active but obviously had major issues. Physical exam was remarkable for lungs clear to percussion with normal heart sounds. Current diagnoses included stroke and peripheral vascular arterial disease, lower extremities. The physician requested a nurse case manager, home health care with assistance with medications due to numbness and tingling of hands, maid service 8 hours every two weeks, gardening service 2 hours per week and book keeping services 3 hours per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care to include: medication assistance, maid service 8 hours every 2 weeks, gardening service 2 hours per week, bookkeeping 3 hours per week on an ongoing basis:**  
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 homehealth Page(s): 51.

**Decision rationale:** According to the MTUS guidelines, Home health services are 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. In this case, the request was for services beyond medical necessities including gardening, book-keeping and maid service. As a result, the request for the home services is not medically necessary.