

Case Number:	CM15-0120388		
Date Assigned:	06/30/2015	Date of Injury:	03/22/1999
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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:

The injured worker is a (n) 66 year old male, who sustained an industrial injury on 3/22/99. He reported injury to his right lower extremity related to a trip and fall accident. The injured worker was diagnosed as having right knee internal derangement, lumbar spondylosis, thoracic spondylosis, cervical spondylosis and depression. Treatment to date has included physical therapy, right knee arthroscopy, several right knee MRIs, psychological treatments, Mobic and Tramadol. As of the PR2 dated 3/19/15, the injured worker reports increasing right buttock pain and right leg radiating symptoms. He receives 24-hour care assistance from his wife. Objective findings include an unstable gait and a positive straight leg raise test. There is no documentation of difficulty with activities of daily living or taxing effort to leave home. The treating physician requested 24 hours a day non-skilled home care attendant care.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Hours a Day Non-Skilled Home Care Attendant Care: 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 Page(s): 51.

Decision rationale: 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 for 24 hours of non-skilled care is outside the scope of medical treatment. The request for routine daily activities as well which is not approved by the guidelines. The request above is not medically necessary.