

Case Number:	CM15-0122184		
Date Assigned:	07/06/2015	Date of Injury:	07/23/2014
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female with an industrial injury dated 06/01/01-07/23/13 cumulative trauma and 07/23/2014. Her diagnoses included chronic lumbar strain, bilateral carpal tunnel syndrome, bilateral knee pain, bilateral ankle strain and right shoulder rotator cuff tear. Prior treatment included physical therapy and medications. She presented on 03/12/2015 (most recent progress note available) with complaints of lumbar spine, bilateral shoulder, bilateral wrist, bilateral knee and bilateral ankle pain. She reports improvement in her pain level from 9-10 to 5-6/10 after taking her medications. Physical exam noted ambulation with the use of a cane. Examination of the right shoulder revealed positive Hawkins and positive Neer's test. Treatment plan included to continue physical therapy and medications, wrist splint, right shoulder rotator cuff repair, post-surgical physical therapy and durable medical equipment. The treatment request is for home health aide, 4 hours a day, 3 days a week, for 2 weeks, quantity: 24.00 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid, 4 hours a day, 3 days a week, for 2 weeks, QTY: 24.00 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The patient has ongoing low back pain, bilateral shoulder, wrist, knee and ankle pain. The current request is for Home Health Aid, 4 hours a day, 3 days a week, for 2 weeks, QTY: 24 hours. According to the utilization review report, in the most recent report on file, dated June 1, 2015, the attending physician requests to arrange for home health aid 4 hours a day, 3 days a week, for 2 weeks. The MTUS guidelines state "Home health services: 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 guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. Furthermore, the most recent report made available for review is dated 3/12/15, and does not discuss the reasoning for the request of a home health aid. The available medical records do not establish medical necessity for the request of a home health aid.