

Case Number:	CM15-0178223		
Date Assigned:	09/22/2015	Date of Injury:	07/25/2007
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of July 25, 2007. In a utilization review report dated August 18, 2015, the claims administrator failed to approve a request for a house aide at a rate of 4 hours a day, three days a week. An August 7, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 4, 2015, the applicant was asked to try and diet, exercise, and joins a gym in an effort to lose weight. Norco and tramadol were renewed. A house aide was sought to, seemingly to assist the applicant to perform household chores and household cleaning. The applicant reported ongoing complaints of knee pain with derivative complaints of depression, anxiety, and sexual disturbance. On August 7, 2015, the applicant reported ongoing complaints of knee pain. Once again, a variety of medications was renewed. The applicant was asked to obtain a house aide. It was suggested (but not clearly stated) that the house aide was intended for performance of household chore purposes. A special mattress, Norco, and tramadol were endorsed while the applicant's permanent work restrictions were renewed. It did not appear the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

House aid 4 hours a day for 3 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: No, the request for a house aide was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment does not, however, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, include services such as cooking, cleaning, shopping, personal care, and other household chores when this is the only care needed. Here, it was suggested (but not clearly stated) on office visits of August 7, 2015 and September 4, 2015 that the house aide was intended to perform household chores such as cooking, cleaning, and the like, i.e., services which do not constitute medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.