

Case Number:	CM15-0027152		
Date Assigned:	02/19/2015	Date of Injury:	09/04/1991
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 an 80 year old male, who sustained an industrial injury on September 4, 1991. The diagnoses have included lumbar degenerative disc disease, bulging lumbar disc, and cervicalgia. Treatment to date has included morphine pump implantation, home care, and medications. Currently, the injured worker complains of low back pain, excessive fatigue, bowel and bladder incontinence, muscle weakness, drowsiness, difficulty walking, and difficulty falling and staying asleep. The Treating Physician's report dated January 9, 2015, noted the injured worker with a recent fall and admitted to the hospital for cellulitis and generalized weakness. The Physician noted the injured worker was not strong enough to do the chores and take care of himself and needed homecare. The injured worker was noted to have no family in the area, declining overall health, considered a fall risk, unable to prepare his meals, with memory issues in which he forgets to take his oral medications for his chronic pain. On January 15, 2015, Utilization Review non-certified an unknown home caregiver, eight hours daily, seven days weekly, noting that it was clear from the reports that the injured worker was unable to live independently at home, with no clinical documentation showing any evaluation to determine the most appropriate living situation for the injured worker, and it was inappropriate to continue with homemaker services given the extent of his debilitation and risk for harm as evidenced by recent hospitalizations. The Official Disability Guidelines (ODG) and non-MTUS guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of an unknown home caregiver, eight hours daily, seven days weekly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home caregiver, eight hours daily, seven days weekly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "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."The number of hours per week are in excess of guideline recommendations. Guidelines also state that homemaker services like cleaning is not considered "medical treatment". There is no doubt that this patient is in need of assistance, however, given his recent history of falls, it is unclear if his current living situation is the safest environment for this patient. Further evaluation would be recommended. As such, the request for Unknown home caregiver, eight hours daily, seven days weekly is not medically necessary.