

<b>Case Number:</b>	CM15-0076046		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	11/03/2003
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

Certification(s)/Specialty: Internal 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:

This 60 year old female sustained an industrial injury to the hips, neck and back on 11/3/03. Recent treatment included medications. In a PR-2 dated 3/20/15, the injured worker complained of constant pain 9/10 on the visual analog scale. The injured worker reported that symptoms became aggravated by almost any movement with difficulty getting out of bed, changing positions, walking a short distance, getting dressed and going to the bathroom. Current diagnoses included status post bilateral hip replacement, status post bilateral knee replacement and bilateral foot pain secondary to bilateral hip and knee replacements. The treatment plan included a care provider for four hours every day and a walker with an adjustable seat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In Home Health Care 2x6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. 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. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. The date of injury was 11-03-2003. The office visit progress report dated 2/27/15 noted cervical, cervical dorsal, thoracic, thoracolumbar, lumbar, lumbosacral, knee, and foot pain. The office visit progress report dated 3/20/15 documented the diagnoses of status post bilateral hip replacement, status post right knee replacement, and bilateral foot pain. Work status is retired. The request is for home health care two times a week for six weeks. The 3/20/15 progress report does not document that the patient is homebound. Per MTUS, home health services are recommended only for patients who are homebound. Home health services are recommended only for medical treatment, and do not include homemaker services or personal care given by home health aides. Because the patient is not homebound, the request for home health care is not supported by MTUS guidelines and is not supported. Therefore, the request for home health care is not medically necessary.