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| <b>Case Number:</b>   | CM13-0010331 |                              |            |
| <b>Date Assigned:</b> | 03/24/2014   | <b>Date of Injury:</b>       | 08/12/1979 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 08/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 represented [REDACTED] employee who has filed a claim for spinal cord injury reportedly sustained in an industrial injury of August 12, 1979. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; apparent open reduction internal fixation of tibial fracture; earlier shoulder replacement surgery; and extensive periods of time off of work. In a utilization review report of August 2, 2013, the claims administrator denied a request for an additional one hour of home-health care and apparently approved a request for BuTrans pain patches. The applicant subsequently appealed. In an undated letter, the applicant seeks authorization for home-health services, stating that the claims administrator has not provided all the records to previous utilization reviewer. The applicant states that he sustained a spinal cord injury in 1979. The applicant underwent several operations and spent eight weeks in the ICU, it is noted. The applicant is also status post left shoulder replacement, he notes. He had subsequently sustained a fracture in 2011 when his wheelchair malfunctioned and he fell to the ground. The applicant states that he needs a home-health aide to help him transfer and assist with another bathing and mobility issues. In another letter dated April 27, 2013, the applicant appealed a denial for a power wheelchair, stating that he is paraplegic

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 1 HOUR OF HOME HEALTH CARE QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services such as the bathing, mobility, ambulation, and transferring assistance sought by the employee are not covered when this is the only care being sought. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines only supports provision of home health aides in individuals who are concurrently receiving other medically necessary services, such as wound care, IV fluid infusion, IV antibiotic administration, etc. In this case, however, the services being sought by the employee are specifically proscribed as stand-alone services according to page 51 of MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on independent medical review.