

<b>Case Number:</b>	CM13-0012701		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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.

### 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 patient is a 53-year-old male with a work-related injury on 3/24/12 of cerebral stroke with residual effects of inability to speak, ambulate or perform activities of daily living on his own with the left side of his body partially paralyzed. The patient is diagnosed by his primary treating physician with aphasia, left hemiparesis, carotid artery occlusion on the right, history of Deep Vein Thrombosis (DVT), status post implantable cardioverter defibrillator (ICD) placement, hypertension with left ventricular hypertrophy, and wheelchair-dependent. Primary treating physician progress note dated 5/21/13 reveals patient is still aphasic, wheelchair bound and unable to walk. There is foot drop noted on the left. Findings revealed left arm motor function at 0/5, left quadriceps and leg motor strength at 4/5, reflexes 3+ in left patella and biceps. On the right ICA 100% occlusion, and left ICA 75% occlusion. There was recommendation for referral to vascular surgeon regarding occlusion on the right carotid and continuation of outpatient physical therapy and speech therapy 5x/week for one year. Primary treating physician progress note dated 8/13/13 reveals no recent hemiparesis, stroke event or transient ischemic attack symptoms. Findings reveal foot drop on the left, wheelchair-bound, left arm motor function at 0/5, left quads/leg motor function 4/5, Deep Tendon Reflexes (DTR) 3+ left patella and left biceps. Requesting authorization for patient to have 24-hour per day, 7 day per week home health nursing care to be provided to the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty four hour home health assistance times one year: Upheld**

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

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

**Decision rationale:** Chronic pain guides page 51 allow for home health services. This request is for 24 hour a day home health services. Guidelines only allow for 35 hours a week. Also the current care the patient is getting allows for house keeping, (unless other nursing services are needed).which is not provided in California Medical Treatment Utilization Schedule (MTUS). The patient is to undergo speech, physical and occupational therapy, but there is no discussion in the current records as to what nursing services the patient will need. There is no justification for a 24 hour a day home health service in the documentation, plus guides only allow for 35 hours a week.