

<b>Case Number:</b>	CM13-0016013		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/12/1996
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 a represented [REDACTED] employee who has filed a claim for back pain, neck pain, glaucoma, cardiovascular disease, and psychological distress reportedly associated with an industrial injury of July 12, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a caregiver; blood pressure lowering medications; and extensive periods of time off work. In a utilization review report of September 4, 2013, the claims administrator denied a request for home health services, a home assessment, and transportation to and from all medical appointments. The applicant later appealed. In a sparse June 19, 2013 progress report, it is stated the applicant carries diagnoses of diabetes, asthma, and peptic ulcer disease. Authorization is sought for home health care 24 hours a day, seven days a week, a home assessment, and transportation to and from all medical appointments. The applicant states that she does not want to go to psychiatric treatment. Her blood sugars are fairly well controlled. She is on Captopril, Donnatal, hydrochlorothiazide, Cardizem, Metformin, glipizide, Zantac, Colace, Pamelor, Vicodin, Metamucil, and Valium. She is described as already permanent and stationary. She is accompanied by her daughter, who is her conservator. It is stated that the applicant has significant cognitive impairment due to stroke residuals and is unable to drive herself to her own appointments. She is apparently dysarthric and aphasic, it is stated, on an earlier note of March 20, 2013. The applicant's daughter again accompanied her to this appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care x 24hrs/day 7 days per week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** The proposed home health services 24 hours a day 7 days a week are 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 the extent needed to deliver medically recommended services for those applicants who are homebound and/or unable to transport themselves to obtain said services. In this case, however, the attending provider has not clearly outlined what medical services he intends for the applicant to receive. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, services such as shopping, cleaning, laundry, and personal care are not covered when this is the only care needed.

**Home assessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** Again, as noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home maker services such as shopping, cleaning, laundry, and personal care are not covered when this is the only service needed or sought. In this case, it does appear that assistance with activities of daily living is the only service being sought. It is unclear what the purpose of the proposed home assessment is. This appears to be a precursor evaluation aimed at facilitating delivery of the aforementioned covered services such as personal care, shopping, laundry, cleaning, etc. Therefore, the request is likewise non-certified.

**Transportation to and from all Medical appointments:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California, Criteria for Medical Transportation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Knee, Transportation.

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG knee chapter medical transportation topic, transportation to and from physician appointment should be

covered within the same community in which the applicant resides and in cases in which an applicant has disabilities or impairments which prevent them from self transport. In this case, the applicant has apparently sustained a stroke. She has some cognitive issues. She apparently has not been cleared to drive by her treating providers. She is apparently taken to all appointments by her daughter at present. Since the applicant does appear to have some impairments, either physical, cognitive, or some combination of the two, which are preventing her from transporting herself to and from physician office visits, the request for medical transportation to and from all appointments is certified.