

<b>Case Number:</b>	CM13-0023522		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	11/09/2004
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 claimant sustained a work related injury on 11/09/2004. The mechanism of injury was not provided. Her diagnoses include multiple fractures of the feet, chronic pain syndrome, fibromyalgia, and depression. She is maintained on medical therapy and has undergone surgical intervention. Per the documentation on exam she has deconditioning and has indicated increased bilateral foot pain. She is homebound, bedbound, requires use of a wheelchair, walker, and a hospital bed. The treating provider has requested nursing visits six hours per day/six days per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nursing visits six hours per day, six days per week:** Upheld

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

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

**Decision rationale:** The review of the medical documentation indicates the claimant is home bound. She has bilateral foot fractures and is unable to get out of bed. Her present status results from her initial injury, a gradual deterioration in her psychological status, the development of fibromyalgia which has resulted in panic attacks, agoraphobia, overwhelming depression and

severe physical deterioration. She requires care for all her activities of daily living. The claimant is homebound, cannot walk and has no support system. Per California Medical Treatment Utilization Schedule (MTUS) home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. There is no indication for home nursing services. The claimant has no skilled nursing needs - she is tolerating her medical regimen, an oral diet and has no complex wound care needs. The claimant requires a home health aide 24 hours/day 7 days per week. The home health services should be for a defined period of time with continued care requiring documentation of continuing medical necessity. Medical necessity for nursing visit six days per week has not been established. The requested service is not medically necessary.