

<b>Case Number:</b>	CM13-0025365		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 claimant is a 51 yo male who sustained an R CVA/intracranial hemorrhage on 03/24/2012. He has residual deficits of aphasia and left hemiparesis. He completed a course of rehabilitation, post-hospitalization. He presently remains aphasic with a left hemiparesis. He ambulates with a cane. His treating provider has requested transportation to and from [REDACTED] for rehabilitative services (physical/occupational/speech therapy) and home health nursing care 24/7 for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to [REDACTED] for treatment, to and back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** There is no indication for the requested transportation back and forth to the hospital for physical therapy treatments. The claimant is homebound s/p CVA. He ambulates with the use of a cane. He is medically stable s/p CVA and does not require monitoring during transport to and from the hospital for therapy services. He completed skilled rehabilitation after the CVA. Medical necessity for the requested service has not been established. The requested service is not medically necessary

**Home health nursing care 24/7 for 2 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services 2009.

**Decision rationale:** The review of the medical documentation does indicate that the patient is homebound. Per California MTUS home health services are a recommended treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as 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. The treating provider has not specified any specific skilled care needs required for the patient and the requested nursing care 24/7 for 2 months is not medically necessary. The claimant can ambulate with a cane and can perform activities of daily living but requires assistance with bathing and dressing. He is tolerating an oral diet and has no skilled nursing needs. He would be appropriate for home health care services only. Medical necessity for the requested home health nursing care 24/7 for 2 months has not been established. The requested service is not medically necessary