

<b>Case Number:</b>	CM13-0042160		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 patient is a 48 year old male with a date of injury of 04/26/2011. The listed diagnoses per [REDACTED] are: Chronic pain syndrome, Status post white phosphorus burn injury of head, neck, shoulder and right hand, Status post arsenic toxicity exposure, Status post pulmonary, Status post left eye removal, Sensory and motor deficits of extremities, Multiple contracture of upper and lower extremities, Status post small bowel resection due to obstruction, Decidua ulcer of right heel, Post traumatic stress disorder, Dental injuries, Obstructive and central sleep apnea. According to report dated 09/20/2013 by [REDACTED], the patient presents with multiple injuries including burns, abdominal trauma, and loss of vision in one eye following an explosion on 04/26/2011. Physical examination revealed slight swelling about the right orbit. There is some burn wounds noted at the neck, forehead, ears and left shoulder. Right shoulder range of motion was slightly reduced. Contractures are noted at the MCP joints of all fingers and adduction of the bilateral thumbs is slightly reduced. DTRs were absent to the bilateral upper and lower extremities. There was slight reduced flexion of the bilateral knees although extension is within normal limits. Strength is reduced at the bilateral hip flexion. There was reduced sensation in the bilateral hands, with paresthesias noted. The patient currently has 24/7 in home assistance that will be ending in October of 2013. Treater is requesting additional 4 months of 24/7 home health aide assistance and 12 occupational therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** This patient presents with multiple injuries including burns, abdominal trauma, and loss of vision in one eye following an explosion on 04/26/2011. The treater is requesting additional 12 occupational therapy sessions. For physical therapy medicine, MTUS page 98 and 99 recommends 9 to 10 sessions over 8 weeks for myalgia and myositis and neuralgia-type symptoms. As physical therapy report from 02/02/2013 documents, this patient has had 80 physical therapy sessions. Therapy report from 02/27/2013 notes, patient has also had 48 aquatic therapy sessions. It is unclear as to exactly how many Occupational therapy this patient has had, as there is no clarification in the 753 page medical file, but it is clear he had a course of 12 sessions were authorized on 12/14/2012. In this case, this patient has participated in quite a bit of therapy for his multiple injuries. The patient should now be well-versed in the exercise regimen and transition into a self-directed home exercise program for any residual complaints. Given the above the request is not medically necessary.

**Home health aide assistance (24/7 for four months): 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:** This patient presents with multiple injuries including burns, abdominal trauma, and loss of vision in one eye following an explosion on 04/26/2011. The treater states the patient is in need of in-home support 24 hours 7 days a week because of his visual and neurologic impairments, as well as the limitations in the use of his hands. The home health aide will need to assist him in activities of daily living, including bathing, dressing, hygiene, grooming, feeding and toileting. They will also need to assist the patient in transportation to his appointments. The Utilization review dated 10/01/2013 modified certification from 4 months to 2 months of 24/7 assistance. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like 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." In this case, although patient's initial injuries from 04/26/2011 were extensive; as the medical records document, the patient is well on his way to recovery. Report from 12/26/2012 by [REDACTED] states, the patient walks without the use of a wheelchair. Psychological report by [REDACTED] dated 02/19/2013 notes, the patient walks with a walker, plans to increase his strength playing "wii", socializes monthly with co-workers and

caregiver's mother, and exercises to reduce his weight. Functional history dated 01/14/2013 notes, pain is 1/10 in fingers and toes with mild right knee pain and the hip pain has improved "greatly." Report goes on to state, "he is doing Pilates machine exercises, lat pull downs, chest presses, and balancing exercises." In the most recent report from 09/20/2013, the treater contends for 24/7 assistance for this patient; however, the physical examination on this date does not show any substantial finding that would require any home health care assistance. The patient has been mobile and exercising since early 2013. Although the patient does present with residual symptoms, the findings do not warrant a home health aide 24 hours 7 days a week. Given the above the request is not medically necessary.