

<b>Case Number:</b>	CM13-0050425		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2001
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 63 YO, female with a date of injury on 1/24/01. The Utilization Review determination being challenged is dated 10/1/13 and recommends denial of 1 home health aide 12 hours per day related to knee/shoulder injury as outpatient. [REDACTED] is the requesting provider, and based on the visit notes on 10/1/13, patient's diagnoses is right radial head fracture. The radial head fracture is a consequence of her industrial injury which occurred due to poor balance and poor mobility due to her injury in her knees and legs. Patient complains of pain in multiple body parts including her left shoulder and left arm. Due to the patients diabetes mellitus (DM), obesity, and poor mobility, she uses an electric wheelchair and has very poor ability to take care of herself around the house. 10/1/13 report by [REDACTED] notes the pateint is immobile due to foot and lower extremity problems with her condition aggravated by DM. She currently has 6 hr/day home care but it is inadequate, and has "extreme difficulty" getting around. She fell attempting to transfer herself from her commodet o her bed and fractured her elbow. She is not safe to drive herself and needs an attendant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Home health aide 12 hours per day:** Overturned

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

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

**Decision rationale:** This patient suffers from chronic neck, shoulder, and knee problems. The current request is for home health aide 12hrs/day. This request was denied by utilization review letter dated 10/1/13, noting that the patient's various conditions do not automatically qualify the patient for the requested services. In reviewing the reports provided, particularly the treating physician's report from 10/1/13, it is clear that this patient is not able to care for herself. The multiple lists of medical conditions coupled with musculoskeletal pain conditions of the neck, shoulder, and knee have rendered her situation unsafe. The patient took a fall suffering a fractured elbow while transferring herself. The patient's prior 6 hrs/day of aid was inadequate and the treating physician makes a good argument that this patient requires supervision, monitoring and administration of medications, and transportation to necessary medical appointments. Recommendation is for authorization of the requested 12 hrs/day in home health aid. This patient is not safe to be left alone at her house. MTUS, ACOEM and ODG guidelines do not specifically address these issues, but ODG guidelines do speak about home health care for home bound patients. This patient is essentially home-bound. She is not able to care for herself.