

<b>Case Number:</b>	CM13-0051651		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/20/2002
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and is licensed to practice in Illinois. 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 claimant is a 59-year-old male who reported injury on 11/20/2002. The mechanism of injury was the claimant handed a purse back to a visitor and felt a sharp pain in his shoulder. The documentation indicated the claimant had undergone surgery for spinal stenosis on 05/29/2013. Diagnosis is lumbar spinal stenosis. The claimant underwent physical therapy. The documentation of 10/22/2013 revealed a large and deep skin breakdown on his buttocks which remained unhealed to the date of examination, 10/22/2013. The claimant was transferred to a nursing home and then to his home with a team of professional assistance. The claimant was non-ambulatory and could not take more than 3 steps without assistance. The claimant was brought into the office by ambulance and remained seated in a wheelchair throughout the examination. The cervical examination revealed bilateral paravertebral tenderness with 25% loss of rotation bilaterally. The shoulders were tenderness to palpation anteriorly with forward flexion to 120 degrees and abduction to 120 degrees. The Apley's sign was positive bilaterally. The lumbar examination was limited due to pain and an inability to stand more than a few seconds. The bilateral hip exam was limited because the claimant was in a wheelchair. The strength of hip flexion was 4-/5 bilaterally. The bilateral knees were in support braces and range of motion was limited to 30 to 110 degrees bilaterally, quad strength was 4-/5 bilaterally. Ankles demonstrated 4/5 strength in plantar flexion and 4-/5 in dorsiflexion. It was indicated there was a number of health professionals that had treated the claimant and their time had elapsed. The treatment plan included occupational therapy 2 to 3 times a week at the claimant's home for 8 weeks to work on independence, transfers, dressing, bathing and positioning. Additionally, it was indicated that home nursing was required for 3 times a week for wound care for 6 weeks. It was indicated the claimant's buttocks wound remained opened and draining and the claimant needed medical care to close the wound and avoid deep infection which could progress to an

osteomyelitis. It was indicated home health care givers would continue to be needed on a 24/7 basis for the next 8 weeks. The claimant was unable to care for himself and there was no one else available within the family to assist him. Additionally, it was indicated the claimant should begin a physical therapy outpatient program 3 times a week for 10 weeks with the emphasis on mobility, strengthening of his core and lower extremities and to mobilize shoulders. The claimant's family did not have enough space for a home physical therapy program. It was indicated the claimant would require transportation to and from appointments as related to the treatment of his work injuries. It was further documented that the claimant would require a wheelchair for home use and to use for community mobility and for appointments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 WEEKS OF HOME HEALTH AIDE (24 HOURS/DAY FOR 7 DAYS /WEEK):** Upheld

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

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

**Decision rationale:** The California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation failed to indicate the injured worker was homebound and in need of part time or intermittent medical treatment. It was indicated the injured worker was in need of 24/7 care by an aide. The request was submitted was for home health aide services which include bathing, dressing and using the bathroom. Given the above, the request for 8 weeks of home health aide 24 hours a day for 7 days/week is not medically necessary.