

<b>Case Number:</b>	CM13-0051850		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/06/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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. 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:

Claimant is a 34 year old male with date of injury, 6/9/2012. He was reportedly injured while unloading pipe from a trailer, the pipes shifted and struck him in the legs causing him to fly back and strike the trailer resulting in severe head trauma, fracturing his skull and his ear was torn off and has since been surgically reattached. Per progress note dated 12/3/2013, the claimant complained that his depression is still severe and debilitating. He reports poor sleep with nightmares and flashbacks, various worries, and all medications have not been helpful. Current medications are Benadryl 25 mg 3 at night and Lexapro 40 mg daily. He has not been taking Valium lately. On exam he is wearing a lumbosacral support, when removed reveals tenderness of right low back/lumbosacral and sacroiliac area, slightly limited flexion and extension causing pulling pain with flexion, pinching pain with extension and with lateral bending and rotation towards the right. Supine right straight leg raising test causes pain of the buttock and posterior thigh (sciatica) at about 50-60 degrees. He also walks with a right limp. No diagnosis is given. Treatment plan includes 1) endocrinologist evaluation pending 2) ophthalmologist appointment to include left eyeglass lens and medical opinion about his ability to drive 3) neuropsychological evaluation and opinion on ability to drive, concerning cognition, behavior, and visual/perceptual abilities 4) prescription to have an adapted driving evaluation with recommendations 5) instructed right buttock/piriformis muscles stretching to hopefully improve his sciatica and prescription for Tramadol 50 mg 2--3 times daily as needed for pain 6) dental appointment 7) cancel the modified barium swallow study 8) continue total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Caregiver (HHC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Chronic Pain Medical Treatment, Section on Home Health Services "Recommended only for otherwise recommended medical 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 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. (CMS, 2004)" The claimant currently lives with his father, age 70, who is reportedly functional without cognition deficits. He was discharged from rehabilitation services on 8/7/2013 as the claimant opted to leave the program, so many functional measurements were not completed due to self discharge. Recent clinical documents report improved ability to swallow with infrequent coughing. There is a question about his ability to drive safely, however the ability to provide self care for activities of daily living and medical treatments does not appear to be impaired. The guidelines above support home health services when medical treatments are necessary for homebound patients, which does not appear to be the case for this claimant. Furthermore, the request does not specify the number of hours per week that are needed for this claimant. The request for Home Health Caregiver is determined to not be medically necessary.