

<b>Case Number:</b>	CM13-0055969		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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. 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:

This patient is a 55 year old right handed male status post injury 06/24/11. His diagnoses include incomplete upper cervical C1-4 tetraplegia, cervical spondylosis with myelopathy, central cord syndrome, and neurogenic bladder. Treatments have included C3-7 anterior discectomy and fusion (8/20/11), revision C3-7 anterior discectomy and fusion (12/30/11), posterior C7-T2 decompression with fusion (8/30/13), medication (Gabapentin, Nortriptyline, and Oxycodone), and PT/OT. He mobilizes using a wheelchair, has poor neck and trunk control, and has no functional use of his upper extremities, requiring 24/7 assistance with activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four weeks of caregiver assistance (24 hours/day, 7 days/week):** Overturned

**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 Services Page(s): 51.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommended home health services 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) Based upon review of the available records, the patient has a known condition of Tetraplegia . The patient needs total assistance for self care, including toileting, grooming and hygiene, upper and lower body dressing donning/ doffing of the cervical orthosis and bathing. He also required change in position every 2 hours. His personal care assistance for 24 hours seven days a week is indicated and medically necessary and appropriate.