

<b>Case Number:</b>	CM13-0063316		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 59 year old man with a date of injury of 11/18/03. He was seen by his physician on 8/15/13 and again in 10/13 with complaints of left upper and lower extremity pain, especially in the calf and foot area. Pain medications were said to be helping to reduce his pain. His exam showed an antalgic gait with the use of a cane form mobility. He had reduced range of motion in his left foot and hypersensitivity to touch. He was diagnosed crush injury left foot, chronic pain syndrome, complex regional pain syndrome to left foot, chronic pain related insomnia and depression and narcotic dependence. Home health care was requested for cooking meals, housework and driving and assist at times with bathing and dressing. He was receiving help from a friend at 12 hours per day and the physician requested authorization for this individual to be paid for her home health care services at 12 hours per day, 7 days per week. That is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH CARE 12 HOURS PER DAY 7 DAYS A WEEK FOR SIX MONTHS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 51.

**Decision rationale:** This injured worker has chronic lower extremity pain and complex regional pain syndrome in his left foot. The records do not document his functional status and why he requires home health assistance services at 12 hours per day for 7 days per week. Per the MTUS, home health services are 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. The request is for 84 hours per week which is beyond the recommended amount and for caregiver tasks such as bathing, dressing and transferring. The records also do not substantiate that he is homebound. The records do not support the medical necessity for home health assistance services at 12 hours per day for 7 days per week for 6 months.