

Case Number:	CM13-0067997		
Date Assigned:	01/03/2014	Date of Injury:	11/05/1992
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 applicant is a [REDACTED], who has filed a claim for elbow pain, mid back pain, thigh pain, urinary retention, paraplegia, and chronic regional pain syndrome reportedly associated with an industrial injury of November 5, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; a wheelchair; a home health aide; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 20, 2013, the claims administrator apparently partially certified a request for home health care at a rate of 16 hours a day for a week and then 12 hours a day for the following week. The applicant and the applicant's spouse subsequently appealed via a letter dated December 18, 2013, stating that the applicant had continuous bladder infections and bleeding sores. A September 5, 2013 progress note is notable for comments that the applicant is in need of 24 hours per day home health services. It is stated that the applicant's husband has been in ill health and will be unable to care for the applicant. It is stated that a Workers' Compensation Judge (WCJ) stated that the applicant was in need of the care in question. It was stated that the applicant was incontinent, had a neurogenic bladder, had open sores which required cleaning, and had comorbid diabetes. The applicant requires intermittent turning, it is stated. She cannot transfer to a wheelchair without assistance. She cannot handle other normal activities of daily living such as changing clothes, brushing her teeth, bathing, etc. It is further noted that the applicant's husband is unable to care for her owing to his own health issues. In a nursing evaluation of January 8, 2014, the applicant is described as having a slightly diminished hearing and issues with depression. The applicant is worried about her quality of life. The applicant's spouse works outside of the home and is not always available to care for her. The applicant has issues with bowel and bladder incontinence, skin breakdown, and multiple urinary tract infections. The applicant apparently should consider a Foley catheter, it is

stated. It is further noted the applicant is receiving some physical therapy and stretching exercises at home. The applicant is worried about recurrent urinary tract infections. It is stated that the applicant had increased issues with skin breakdown and heightened urinary tract infections with a reduced level of service. In a letter dated January 4, 2014, the applicant's certified nurse assistant (CNA) states that the applicant has issues with rashes and open sores present about the legs. The applicant needs frequent skin care, it is stated. It is stated that the applicant's husband is unable to care for her as he also works.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 16 HOURS A DAY 7 DAYS A WEEK FOR 1 MONTH: 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 topic Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services such as cooking, cleaning, bathing, toileting, other activities of daily living, etc. are not recommended when this is the only care needed. In this case, however, the applicant is paraplegic. She is in need of intermittent skin care. She has issues ambulating and has open sores present about the skin of the legs and thighs. She is in need of skin care and apparently needs a home health aide to assist her to void. She has issues with neurogenic bladder and apparently needs some form of assistance in terms of voiding, including possible intermittent Foley catheterization. In this case, thus, the applicant is in need of both medical and non-medical services, including skin care, wound care, and possible care of her urinary catheter. These medical services can be performed alongside the non-medical services concurrently requested, including cooking, cleaning, housekeeping, etc. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.