

<b>Case Number:</b>	CM13-0070096		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/19/2002
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Physical Medicine & Rehabilitation, 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:

The patient is a 49-year-old female who reported an injury on 06/19/2002. The specific mechanism of injury was not provided. The documentation of 12/16/2013 revealed that the patient has a condition that affects her lower extremities. It was further stated that since the patient has not had caregivers, the patient indicated she had worse reflex symptoms but goes throughout most of the day without eating, as the patient was unable to open containers and feed herself. The patient could not go into the kitchen without assistance and could not prepare food independently. The patient had an increase in the diffuse burning pain of her extremities that resulted from less general movements as the patient tended to stay in bed all day until her husband or children arrived home. The patient additionally indicated that she takes her medications at more irregular and longer intervals since she could not administer them independently. Objectively, the patient showed almost no voluntary movement of her worst left arm/hand. The patient had slightly more spontaneous movement of the right arm and hand. It was further noted the patient almost never raises it above abdominal level. The patient had puffy edema of both hands and arms, and a more prominent dusky rubor of the left forearm and hand. The patient had similar apraxia of the lower extremities. The patient was in a wheelchair and did not stand or ambulate. The plan included a home health aide. It was indicated the lack of a home health aide made the environment unsafe for the patient and the patient was at risk for great bodily harm in the case of an emergency. The request was made for a home health aide 7 hours per day, 5 days a week for 56 days. The patient's diagnoses included reflex sympathetic dystrophy and hypothyroidism.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE, 7 HOURS PER DAY, 5 DAYS A WEEK, FOR 56 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Guidelines, "Home Health Services"

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

**Decision rationale:** The MTUS Guidelines indicate that home health services are recommended only for patients who are homebound and who are in need of part-time or intermittent medical treatment for up to 35 hours per week, which does not include homemaker services, nor home health aide services. The clinical documentation submitted for review failed to provide documentation that the employee was in need of medical treatment. It was indicated the employee was in need of treatment including homemaker services and home health aide services. Given the above, the request for Home health aide, 7 hours per day, 5 days a week, for 56 days is not medically necessary.