

<b>Case Number:</b>	CM14-0002754		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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:

This is a 67 year-old male with an 8/16/11 date of injury. The patient was seen on 12/4/13. The patient's lower dental implants are completed. He was not using his CPAP. The wife was giving all assistance including laundry medications along with washing hair, scrubbing back, cooking meals, and cleaning house. The patient is status post a C6-7-disk anterior fusion surgery on 10/9/13. The patient complains of indigestion, insomnia, and depression with no eye contact. He also complains of blurred vision, and diplopia. There is numbness left foot. There is right hand pain weakness and numbness in left forearm as well as left toe numbness. Transportation is being provided. There is increased upper lip pain and numbness. The patient falls a lot and loses balance approximately every one to two months. Exam findings reveal poor dental hygiene, sunken left eye with diplopia, decrease range of motion of the right shoulder of 90 degrees abduction, right upper extremity decrease in strength as well as decreased sensation to light touch. There is tenderness to palpation left foot and decreased urine motion. There is a discoid rash on bilateral ankles as well as upper and numbness. Home health is noted. The diagnosis is cervical spine pain radiating into right arm. The treatment plan is for a home health care assistance for 6 hours a day 7 days a week. A home nurse case manager is noted to be working with the patient. The UR determination on 12/24/13 was modified from home health care 12 hours daily to 2 hours daily between 11/25/13 to 2/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASSIGNMENT OF NURSE CASE MANGER:** 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 Services Page(s): 51.

**Decision rationale:** CA MTUS states that 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. This patient has deficits with ADL's after a cervical fusion. His wife is noted to be helping the patient with ADL's. The UR decision modified the request for home health care 12 hours daily to 2 hours daily between 11/25/13 to 2/11/14. There are no documentations that the patient requires 12 hours of home health care daily. In addition, the patient is noted to have a nurse case manager. Therefore, the request for a nurse case manager as submitted was not medically necessary.