

<b>Case Number:</b>	CM14-0009291		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old with an injury date on 4/1/12. Based on the 12/13/13 progress report provided by [REDACTED], the diagnoses are: Status Post Coccygectomy with wound dehiscence; Status post right hip arthroscopy secondary to labral tear; Pelvic imbalance; and Right lower extremity weakness. An exam on 12/7/13 indicated "patient is not as tender. Wound per patient appears to be improving. Neuro status unchanged." [REDACTED] is requesting home care twelve (12) hours a day seven (7) days a week and psychotherapy two (2) times per month. The utilization review determination being challenged is dated 12/23/13. [REDACTED] is the requesting provider, and he provided treatment reports from 6/5/13 to 1/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CARE TWELVE (12) HOURS A DAY, SEVEN (7) DAYS A WEEK:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

**Decision rationale:** This patient presents with right hip pain and right lower extremity weakness and is status post a coccygectomy on 10/27/13. The treater has asked for home care twelve (12) hours a day, seven (7) days a week on 12/7/13, and stated "for period of 10/27/13 to 1/3/14, when patient will undergo another surgery" as 17-year old son has been doing wound care for her post-operatively, missing school, and causing difficulty. On 11/8/13, the patient developed an infection at the surgical site, has difficulty managing pain, gait is severely antalgic, and is cane assisted. On 12/2/13, the patient has deterioration of the condition, increasing pain and drainage, and has begun to develop low grade fevers. On 12/6/13, the patient has improved, but still has open wound, draining purulence, developed an abscess at the base of the cervical spine, right thigh numbness, and restricted right hip range of motion. The Official Disability Guidelines recommend home care as medical treatment for patients who are homebound, on a part-time or "intermittent" basis. The guidelines also indicate that 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. In this case, the patient is homebound and requires continual wound care and assistance for activities of daily living until the planned January 2014 surgery. The requested home care twelve (12) hours a day, seven (7) days a week is reasonable and medically necessary per the guidelines.