

<b>Case Number:</b>	CM14-0014871		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Pain Management, and is licensed to practice in Maryland. 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 3 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 60-year-old female with a 06/18/2009 date of injury. A specific mechanism of injury was not described. 1/13/14 determination was modified. The request for an electric scooter was modified to a PT/OT evaluation to determine mobility needs. Home care assistance twelve (12) hours daily was modified to include 2 weeks of services. Reasons for modification included that the provider and reviewing physician discussed the complex and dramatic decline in function and possible options of a home OT evaluation versus home aid referral and a PT mobility evaluation versus purchase of an electric scooter. A PT/OP evaluation was, therefore, certified. The patient's safety was a major concern and until treatment plan could be developed, the patient would need assistance in the home. The request for home care was, therefore, certified for two weeks. 1/15/14 medical report identified that the patient continued to deteriorate and her gait remained unstable with frequent falls. She continued to require home care assistance 12 hours a day. 11/13/13 medical report identified that at an AME consultation the previous month, she was asked to stand and walk, she fell, struck her head and had persistent headaches and neck pain. The patient was provided with 12 hours a week of home care assistance, which the provider believed it was inadequate. The patient's son provided the rest of the self-care. The patient required assistance with bathing, dressing, and cleaning. Exam revealed severe dysphonia. Gait was extremely unstable and wheeler dependent. She remained on rigid cervical spine brace. She had minimal shoulder and neck movement. There was severe upper extremity weakness. It was also noted that patient was refusing and further treatment including injections into the paralyzed vocal cord of Teflon. The provider stated that the home assistance was required as the patient was unable to prepare meals, to walk, to ambulate, and to use the bath and toilet by herself. An electric scooter was requested given present instability and falling.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ELECTRIC SCOOTER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Treatment in Workers' Compensation/Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 132.

**Decision rationale:** The records document that the patient continued to deteriorate and her gait remained unstable with frequent falls. CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. There was indication of severe upper extremity weakness. However, the patient had 12 hours a day assistance and there was no indication that such caregiver was unable to provide assistance with a manual wheelchair. In addition, at the time of the prior determination there was an appropriate certification for a PT/OT evaluation to determine mobility needs. There was no indication that this has been performed and that recommendations include an electric scooter. The medical necessity for the request has not been substantiated. The request is not medically necessary and appropriate.

### **HOME CARE ASSISTANCE, TWELVE (12) HOURS DAILY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. 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. The patient had a very unstable gait with frequent falls. The medical records documented that the patient was unable to prepare meals, to walk, to ambulate, and to use the bath and toilet by herself. At the time of the prior determination two weeks of services were certified given a concern for the patient's safety, which would allow for the also certified PT/OT evaluation to be performed and a treatment plan could be updated. Considering those factors, the medical necessity was substantiated as recommended at the time of the prior determination for two weeks of services. The request is medically necessary and appropriate.

