

Case Number:	CM14-0030639		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2009
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old female who reported an injury on 06/18/2009 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 11/13/2013, it was annotated that the injured worker continued to deteriorate rapidly. It was noted that the injured worker's examination findings had progressed and that she was more unstable and unable to ambulate. The injured worker reported that she was at an AME where she was asked to stand and walk and she fell, struck her head, and has had persistent headaches and neck pain. X-ray studies were done and revealed no fractures. It was noted that the injured worker refused any further treatment to include injections into the paralyzed vocal cord of Teflon. Prior treatments included 12 hours a week of home care assistance which is noted not to be an adequate period. It is noted that the injured worker's son provides the rest of the self care. It is also noted that the injured worker requires assistance with bathing, dressing, and cleaning. Prior treatments included were cervical neck surgery dated 2011, physical therapy, psychiatric sessions, and prescribed pain medications. The physical examination revealed severe dysphonia and a gait that was extremely unstable and wheeler dependent. It was noted that the injured worker remained on a rigid cervical spine brace with minimal shoulder and neck movement. It was also noted there was sever upper extremity weakness. The diagnosis included major depressive disorder, pain disorder/fibromyalgia, status post C5-T1 ACDF, right vocal cord paralysis with dysphonia and complaints of dysphasia, multilevel lumbar spondylosis, right knee meniscal injury, right carpal tunnel syndrome, and failure to thrive. The treatment plan included continuation of therapy; a request for at least 12 hours daily, if not continuous home care assistance. It is noted that the injured worker is unable to prepare meals, unable to walk, unable to ambulate, and unable to bath and toilet by herself. The treatment plan also included medication management with trazodone 100 mg, Xanax 1 mg, Pepcid 20 mg, and Opana ER 10

mg. There was also a request for an electric scooter. It was noted that the injured worker was 100% permanent disabled. The request for authorization for indefinitely 12 hours of home care assistance 7 days a week was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indefinitely twelve hours of home care assistance seven days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for indefinitely 12 hours of home care assistance 7 days a week is not medically necessary. The California MTUS guidelines state that home health services are recommended only for otherwise recommended medical treatment for injured workers who are home bound, on a part time or intermittent basis, generally up to no more than 35 hours per week. 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 the clinical notes provided for review, it is annotated that the injured worker only needs home health services in order to prepare meals, bathe, and toilet herself. It is also annotated that the injured worker's son is able to help her with these tasks; however, the injured worker stated that she wanted her son to be paid for these services. Furthermore, the guidelines only recommend the use of home health services if there is a need for medical treatment for injured workers that are homebound on a part-time or intermittent basis of which the injured worker is not annotated to be. Therefore, the request for indefinitely 12 hours of home care assistance 7 days a week is not medically necessary.