

<b>Case Number:</b>	CM14-0075893		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 60-year-old male who was injured on October 10, 2013. The patient suffered from a complete spinal cord injury after a fall from a ladder. Physical examination was notable for no motor function or sensation below the level of the umbilicus. Diagnoses included spinal cord injury, traumatic brain injury, neurogenic bladder, and neurogenic bowel. Treatment included physical therapy, surgery, and medications. Request for authorization for housing assistance for wife was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housing Assistance for wife:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed article, Program community Health.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not

include homemaker services like shopping, laundry, or cleaning. In this case the request is for housing assistance for the patient's wife. Therefore, the request of Housing Assistance for wife is not medically necessary and appropriate.