

<b>Case Number:</b>	CM14-0202334		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/26/2003
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 48-year-old gentleman with a date of injury of 07/26/2003. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/17/2014 indicated the worker was experiencing pain in multiple body areas; details were not recorded. The documented examination reported signs of kinesophobia; details were not recorded. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, kinesophobia, shoulder adhesive capsulitis involving both sides, an unspecified sleep disorder, erectile dysfunction with hyperactive sexual desire, fecal and urinary incontinence, GERD, severe left lumbar radiculitis, cervical spondylosis, patellofemoral arthralgia involving both sides, morbid obesity, major depression with recurrent suicidal ideation, and diabetes. Treatment recommendations included oral and dermal pain medications, a weight loss program, and incontinence supplies. A Utilization Review decision was rendered on 11/04/2014 recommending non-certification for 45 hours weekly of skilled home care services by a vocational nurse for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care by skilled licensed vocational nurse for 45 hours weekly for the next three months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the injured worker suffered from chronic pain syndrome, kinesophobia, shoulder adhesive capsulitis involving both sides, an unspecified sleep disorder, erectile dysfunction with hyperactive sexual desire, fecal and urinary incontinence, GERD, severe left lumbar radiculitis, cervical spondylosis, patellofemoral arthralgia involving both sides, morbid obesity, major depression with recurrent suicidal ideation, and diabetes. There was no discussion sufficiently detailing the injured worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services. In addition, the number of service hours requested exceeds the maximum recommended by the Guidelines. For these reasons, the current request for 45 hours weekly of skilled home care services by a vocational nurse for three months is not medically necessary.