

<b>Case Number:</b>	CM14-0203054		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 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:

Patient with reported date of injury on 5/23/1997. Patient has a diagnosis of weakness, aspiration pneumonia, history of nasopharyngeal cancer, hypothyroid, dysphagia, dysphoria, GJ Tube, hypertension, history of sepsis, history of respiratory failure, Parkinson's disease, benign prostate hypertrophy and chronic obstructive pulmonary disease. Medical reports reviewed. Last report available until 10/17/14. Patient was recently hospitalized for pneumonia and respiratory failure. Patient reportedly needs help with activities of daily living and requires food formula through feeding tube and incentive spirometry. Pt ambulates with walker with assistance. Patient has received extensive physical therapy. Has noted shuffling gait and rigidity in trunk. Strength is 3+/5 bilateral lower extremities. Justification for home health services is for incentive spirometry and Gtube feeding. Independent Medical Review is for home health services 12hours/day for 25days. Prior Utilization Review on 11/18/15 recommended modification to home health aide 5hours/day for 14days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health services- Twelve hours/day for 25 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

**Decision rationale:** As per MTUS chronic pain guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35hours per week. Pt has requested services of 84hours a week which exceed recommendation. The request for Home health services 12hours/day for 25days is not medically necessary.