

<b>Case Number:</b>	CM15-0000654		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 73 year old male, who sustained an industrial injury on May 23, 1997. The details of the injury and immediate symptoms were not documented in the medical record. He has experienced issues with pneumonia, cancer, and side effects from radiation treatment. The diagnoses have included malignant neoplasm of the head, face, or neck, and occupational bursitis. Treatment to date has included medications, home health nursing and aides. Currently, the injured worker complains of generalized weakness and gastrointestinal issues. The treating physician requested home health registered nursing, home health licensed vocational nursing, and home health aides. On December 23, 2014 Utilization Review partially certified the request for home health aides with an adjustment for the length of services, citing the MTUS Guidelines. The requests for health registered nursing and home health licensed vocational nursing were certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide daily 5 hours each day 12/12/14 to 12/20/14: Overturned**

**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:** This patient presents with esophageal dysfunction, generalized weakness, and low blood pressure. The patient is wheelchair bound. The treater is requesting HOME-HEALTH AIDE DAILY 5 HOURS EACH DAY, 12/12/2014 TO 12/20/2014. The RFA dated 11/11/2014 notes a request for 12 hours of home health and needs physical therapy 2 times a week for 8 weeks. The patient's date of injury is from 05/23/1997, and his work status is disabled. The MTUS Guidelines page 51 on home-health services recommend this service for 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 homemaker services like shopping, cleaning, laundering, and personal care given by home-health aids like bathing, dressing, and using the bathroom when this is the only care needed. The report from 12/16/2014 notes that the patient's home-health aide 1 time a day for 5 hours expires on 02/08/2015. In this same report, it was noted that the feeding tube was replaced, and his wife has decreased tube feeding from 90 mL to 50 mg due to regurgitation. He continues to have problems with very low blood pressure, and the RN is needing to move him very often. The 12/02/2014 skilled-nursing visit notes showed that the patient has difficulty holding his head up because of severe lethargy and hypertension. He continues to need the assistance of his wife with ambulation and feeding. In this case, the patient is homebound and is needing assistance with skilled nursing to assist with activities of daily living including feeding and ambulation. The requested 5 hours each day from 12/12/2014 to 12/20/2014 is medically necessary.