

Case Number:	CM15-0134243		
Date Assigned:	07/22/2015	Date of Injury:	10/04/2004
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 33 year old male who sustained an industrial injury on 10/04/2004. Mechanism of injury occurred from a chemical spill and he suffered bilateral vision loss. Diagnoses include legal blindness, neck pain has resolved with gym exercises, low back pain most likely secondary to lumbar degenerative disease and myofascial pain and it is resolved with gym exercises, migraines with severe disability, lack of coordination, difficulty with balance likely due to loss of vision, impairment with ADL's, impairment with mobility in the community requiring assistance due to loss of vision, and adjustment disorder with possible mixed anxiety and depressed mood. Treatment to date has included 40 hours a week of aide services provided by his wife. A physician progress note dated 04/30/2015 documents the injured worker is seen for a follow up for blindness, headache and neck pain. He requires assistance from his wife for ADL's due to his severe visual loss. He is limited to his home due to his limited ability to go out into the community secondary to his legal blindness. He states his vision is worse since November of 2014. He sees shadows with his left eye and is unable to see anything with his right eye. He has pain with light in his eyes which he describes as burning. He uses a cane in his home. On examination the injured worker's vision appears to be progressively worsening as he is no longer able to see hand movements in his right eye and unable to see anything in his right eye. He has a 9 year old son and a 6 year old daughter. He is presently receiving 40 hours of aide care from his wife, but additional hours are requested due to additional assistance. The time given does not include transporting the children, meal preparation, and hygiene, including showering. He has some pain in his neck in the bilateral trapezius areas, which he rates as a 3

out of 10 and it is throbbing. His pain is better with gym exercises using the equipment especially the pool exercises and chest/shoulder equipment. Treatment requested is for increasing home health aide hours to 67.5 hours/week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Increase home health aid hours to 67.5 hours/week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Given the medical records provided, employee does appear to be "homebound" and lives alone with this girlfriend. The treating physician details that the services rendered should include writing, paying bills, reading the bible, homework, grocery shopping, laundry, ironing, organizing clothes, cleaning, meal prep, cooking, gym transportation, workout, personal care, children's after school activities, and church transport. The additional hours which include the children's afterschool activities and the documentation provided does not support the use of home health services as "medical treatment", as defined in MTUS. Also, the hours requested are in excess of the recommended time. As such, the current request for Increase home health aid hours to 67.5 hours/week is not medically necessary.