

<b>Case Number:</b>	CM15-0142631		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant, an 80 year old male, is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 30, 2012. The documentation on 6-22-15 noted that the injured worker was moved to a nursing home due to his wife was not able to physically help him with his handicaps. The injured worker has loss of motor control of his face on the right side, his right arm, hand and left. The injured worker cannot talk as well, problems with short-term memory, behavioral issues, trouble sleeping at night and not able to ambulate. The diagnoses have included subdural hemorrhage following injury without mention of open intracranial wound, unspecified state of consciousness. Treatment to date has included surgical evacuation for a subdural hematoma; multiple surgeries; methicillin-resistant staphylococcus aureus (MRSA) infection treatment; rehabilitation unit to recover from the subdural hematoma and multiple surgeries; home therapy including speech, occupational and physical therapy; Home Health Care; keppra to prevent seizures. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for home health aide to assist with bathing, hygiene, and other personal assistive care. The claims administrator referenced a July 7, 2015 RFA form and an associated progress note of June 22, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated July 30, 2015, a 24-hour in-home care was sought. In a progress note dated June 22, 2015, the applicant reported issues with diminished arm strength, diminished leg strength, memory disturbance, aphasia, depressed mood, insomnia, and reported inability to ambulate. In another section of the note, somewhat incongruously, it was stated that the

applicant was quiet and cooperative. The applicant was reportedly wheelchair-bound, it was reported. The applicant was on Dulcolax, Celexa, Colace, heparin, Atarax, Keppra, Levoxyl, Zestril, Zofran, and Protonix, it was reported. The applicant was reportedly unable to stand or walk in the clinic without assistance. Home health services were sought for the purposes of delivering assistance with activity of daily living such as getting in and out of bed, going to the restroom, taking a shower, dressing, and undressing on the grounds that the applicant's wife was unable to furnish such assistance. The request was for 10 hours of a home aide to assist with bathing, hygiene & other personal assistive care.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**10 hours of a home aide to assist with bathing, hygiene & other personal assistive care:**  
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:** No, the request for 10 hours of a home aide to assist with bathing, hygiene, and other personal assistance care was not medically necessary, medically appropriate, or indicated here. The services were seemingly sought and standalone services. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that home health services are otherwise recommended medical treatment to applicants who are home bound, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that homemaker services such as shopping, cleaning, bathing, dressing, i.e., the services seemingly sought here, do not constitute medical treatment when this is the only care needed. Here, the applicant was not seemingly receiving other skilled nursing or physical therapy services in conjunction with the home aide. Therefore, the request was not medically necessary.