

<b>Case Number:</b>	CM15-0164488		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/09/1991
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62-year-old female who sustained an industrial injury on 04-09-1991. Diagnoses include hypertension - rule out hypertensive cardiovascular disease; diabetes; Bell's palsy; and history of multiple strokes. Treatment to date has included medication, physical therapy, speech therapy, coronary artery bypass grafting. According to the Internal Medicine Consultation Report dated 7-20-2015, the IW (injured worker) reported she had another stroke recently and was hospitalized. She was accompanied by her daughter for the appointment and the IW was in a wheelchair. She was cared for at home by her daughter and son, upon whom she also relied for transportation. The provider noted the IW had speech and physical therapy modalities of treatment at home. On examination, there was obvious deformity of the right side of the face, with paralysis involving the right upper and lower extremities. There was 3+ edema of the lower extremities and ulcerations of the right lower extremity; she was being treated for an infection. Pulses were normal. The IW had an extensive history of hypertension, cardiovascular disease, diabetes, strokes and complete physical disability. A request was made for home health physical therapy; home health speech therapy; and transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Physical medicine Page(s): 52, 98-99.

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

**Decision rationale:** Home health services are 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. In this case, the request for physical therapy is reasonable but time, frequency and duration was not specified. Anatomic locations of need and response the therapy is unknown. Indefinite need cannot be justified and therefore the request is not medically necessary.

**Home health speech therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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

**Decision rationale:** Home health services are 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. In this case, the request for speech therapy is reasonable but time, frequency and duration was not specified. Indefinite need cannot be justified and therefore the request is not medically necessary.

**Transportation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 66.

**Decision rationale:** Transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the claimant stays with his daughter and not in a group home or skilled facility. The amount /frequency of transport were not specified. The request

does not meet the guidelines and is not considered a medical necessity.