

<b>Case Number:</b>	CM15-0193490		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 38 year old male who sustained an industrial injury on November 12, 2010. A recent consulting visit dated August 19, 2015 reported current medications consisting of: Advair, Spiriva, Mucinex, Allopurinol, and Omeprazole. Objective findings showed: diminished breath sounds, extremity edema at one plus. The patient's pulse oximetry down that day at visit showed: 95 % oxygen saturation at rest with 2 liters supplemental oxygen. A stress echocardiogram done on August 13, 2015 showed mild left ventricular hypertrophy; mild diastolic dysfunction; normal left ventricular size and systolic function and a left ventricular ejection fraction of 67%. The impression noted: obstructive sleep apnea syndrome, unresolved. There is noted recommendation for full night sleep study. The following diagnoses were applied to this visit: advanced respiratory insufficiency secondary to exposure to Diacetyl at work; morbid obesity; gout and sleep apnea disorder. The plan of care is with recommendation for probable cardiac catheterization measuring pulmonary artery pressure, supplemental oxygenation with study and supervised weight loss program. On September 03, 2015 a request was made for an oxygen study that was noncertified by Utilization Review on September 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 8 hrs/day,7 days a week for 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home health aide eight hours per day, seven days a week for three months is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding you get the benefit me out of that could be anything and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are chronic back pain; chronic hip pain; status post your replacement; foot drop; and cellulitis stable. Date of injury is August 1, 1998. Request for authorization is September 3, 2015. The medical record contains 16 pages. There are three progress notes in the medical record. The progress note dated May 27, 2015; August 18, 2015 and September 2, 2015 do not contain a clinical discussion, indication or rationale for a home health aide. Additionally, there is no documentation in the progress notes the injured worker is homebound. The injured worker attends pool therapy three times per week. Objectively, the injured worker can stand holding on and shuffle. There is tenderness to palpation in the right leg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of homebound status, and no clinical discussion, indication or rationale for a home health aide, home health aide eight hours per day, seven days a week for three months is not medically necessary.