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| <b>Case Number:</b>   | CM15-0205043 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 03/01/2009 |
| <b>Decision Date:</b> | 12/07/2015   | <b>UR Denial Date:</b>       | 10/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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: Emergency 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 51 year old female that sustained a work related injury on 03-01-2009. Documentation shows that the injured worker was being treated for reflex sympathetic dystrophy of the upper limb and reflex sympathetic dystrophy of the lower limb. Treatment to date has included medications, spinal cord stimulator, intravenous Ketamine infusions, rehabilitation program and lumbar sympathetic nerve blocks. According to a progress report dated 09-14-2015, the injured worker had CRPS (complex regional pain syndrome) of the right upper extremity which was now spread to the right shoulder, neck and contralateral upper extremity. She was wheelchair bound and needed assistance for her continuing care. Severe pain and tenderness on the right and left upper extremity and neck was noted. She had implantation of a spinal cord stimulator which she relied on. She also took medications for pain. The treatment plan included medication refills. Recommendations included assistive living, full electric hospital bed, 3 in 1 commode, trapeze bar, reclining shower chair, Hoyer lift-electric and hospital table. Follow up was indicated in 2 weeks. According to a communication note dated 09-07-2015, the injured worker could not move around on her own safely without assistance. The nurse noted that the "Patient needs a HHA (home health aide) to assist and take care of her 24 hours daily". She had been approved for a home health aide to assist her for 4 hours a day, three days a week. Also noted was the need for an electric hospital bed with trapeze bar, electric Hoyer lift, shower chair, bedside commode, bed pain and electric wheelchair. An authorization request dated 09-28-2015 was submitted for review. The requested services included home health aide for ADL-IADL 24 hours a day 7 days a week and durable medical equipment: full electric hospital bed, trapeze

bars, hospital table, reclining wheel chair, 3 in 1 commode, reclining shower chair and Hoyer lift electric. On 10-14-2015, Utilization Review non-certified the request for home health aide, 24 hours per day 7 days per week (for ADL-IADL) for Complex Regional Pain Syndrome, unknown length of treatment.

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

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

**Home health aide, 24 hours per day/7 day per week (for ADL/IADL) for Complex Regional Pain Syndrome, unknown length of treatment: 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 rationale:** As per MTUS chronic pain guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35hours per week. This request far exceeds guideline maximum. Description of services needed for the home health aide that is for "ADLs" which appear to be defined as "homemaker service" which is expressly not the services that home health services is for. Not medically necessary.