

<b>Case Number:</b>	CM15-0209299		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 49 year old male who sustained an industrial injury on 3-12-12. The injured worker reported pain in the neck and low back. A review of the medical records indicates that the injured worker is undergoing treatments for generalized pain, thoracic sprain strain, cervical and lumbosacral radiculopathy. Medical records dated 9-25-15 indicate the injured worker was with "much difficulty every day in taking care of his wound and managing the simplest of his daily activities." Provider documentation dated 6-18-15 noted the work status as temporary totally disabled. Treatment has included status post partial foot amputation, Norco, and Neurontin. Objective findings dated 9-9-15 were notable for an antalgic gait, tenderness, guarding and spasm noted to the cervical and lumbar paravertebral musculature with decreased range of motion, dysesthesia noted to the cervical and lumbar dermatomal distributions bilaterally. The original utilization review (10-6-15) partially approved a request for Home Health Aid 7 Days per Week for 6 Months, Minimum of 4 Hours per Day and Assignment of Nurse Case Management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aid 7 Days per Week for 6 Months, Minimum of 4 Hours per Day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health aide.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home health aide seven days per week for six months, minimum four hours per day is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services that with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker's working diagnoses are generalized pain; thoracic sprain strain; lumbosacral radiculopathy and; and cervical radiculopathy. Date of injury is March 12, 2012. Request for authorization (date receipt) is dated September 29, 2015. According to her progress note dated September 1, 2015, the injured worker was living at [REDACTED]. He developed a severe infection in the foot that required a partial amputation. Presently, the injured worker is unable to care for himself. He requires the antibiotics as well as nursing care. Although the injured worker requires a home health aide, there is no documentation the injured worker requires a six month, seven day per week home health aide. There is no documentation as to the estimates of duration and frequency for home care services. Stated differently, there is no documentation of routine evaluations with the subsequent need for continued home healthcare. Based on clinical information medical record, peer-reviewed evidence-based guidelines, compelling documentation indicating a six month home health aide seven days a week is clinically indicated and no clinical rationale for a six-month home health aide without periodic evaluation and reevaluation indicating objective functional improvement and the ongoing need for home health aide, home health aide seven days per week for six months, minimum four hours per day is not medically necessary

**Assignment of Nurse Case Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, Colorado Division of Worker's Compensation, rev. 12/27/2011, pg 89.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aamcn.org/Guidelines\\_Final%20Draft.pdf](http://www.aamcn.org/Guidelines_Final%20Draft.pdf).

**Decision rationale:** Pursuant to the American Association of Managed Care Nurses, assignment of nurse care management is not medically necessary. Care Managers are, primarily, patient advocates striving to deliver the best care at the right time and in the most cost-efficient quality outcomes. Care Management is all encompassing of the many roles that case managers have, be it in an inpatient or outpatient setting, home health setting, workers' compensation setting, managed care setting, disease management or home-based. All of these roles involve coordinated care efforts that manage clients beyond a specific "case" or "situation" and provide them with a wide spectrum of services directed at behavioral change and healthy life styles, and optimal outcomes that last beyond the "episodic" nature of the encounter with the health care system. Experience nurse case managers may assist in return to work attempts. In this case, the injured worker's working diagnoses are generalized pain; thoracic sprain strain; lumbosacral radiculopathy and; and cervical radiculopathy. Date of injury is March 12, 2012. Request for authorization (date receipt) is dated July 23, 2015. According to her progress note dated September 1, 2015, the injured worker was living at [REDACTED]. He developed a severe infection in the foot that required a partial amputation. Presently, the injured worker is unable to care for himself. He requires the antibiotics as well as nursing care. Although the injured worker requires a home health aide, there is no documentation the injured worker requires a six month, seven day per week home health aide. There is no documentation as to the estimates of duration and frequency for home care services. Stated differently, there is no documentation of routine evaluations with the subsequent need for continued home healthcare. Further documentation indicates the injured worker was temporarily disabled from a psychiatric standpoint during the orthopedic/neurological disability. Psychiatric diagnoses include major depression, single episode, moderate to severe, non-psychotic chronic. The documentation contains a request for authorization for a nurse care manager dated July 23, 2015. There is no clinical rationale in the medical record for the nurse care manager. The documentation indicates there is little to no likelihood the injured worker will be returning to work. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for assignment of a nurse care manager, assignment of nurse care management is not medically necessary.