

<b>Case Number:</b>	CM15-0219260		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	10/12/2001
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: 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:

This is a 64-year-old male with a date of industrial injury 10-12-2001. The medical records indicated the injured worker (IW) was treated for chronic pain syndrome; internal medical diagnosis; depression; morbid obesity; and headaches. In the progress notes (7-23-15), the IW reported constant chronic pain (site not specified). He stated he was having difficulty controlling his pain due to pain medication denials by the carrier. He indicated he was becoming increasingly depressed and anxious about his chronic pain and disability. He stated he was 100% dependent upon his caregivers, as he was unable to stand independently, eat, bathe, dress or administer his medications without assistance. Progress notes dated 9-9-15 reflect the IW had low back pain radiating to the legs rated 7 out of 10. He was seen by a psychologist and was doing better on Limbrel. He still required assistance with all activities of daily living. On examination (9-9-15 notes), he was morbidly obese. He ambulated by wheelchair. He was much more conversant, affect was flat, though improving. The provider was unable to check range of motion due to pain and the restriction of the wheelchair. Treatments included medications and home assistance. The provider stated the IW was 100% dependent on others for his activities of daily living and medication administration, including his insulin. Treatment was to include his medications, home care assistance and a functional restoration program evaluation. A Request for Authorization 8-5-15 was received for home health care assistance for ten (10) hours per day, seven (7) days per week. The Utilization Review on 10-12-15 modified the request for home health care assistance for ten (10) hours per day, seven (7) days per week.

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

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

**Home health care, 10 hours daily, 7 days per week: 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:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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 injured worker does need assistance in the home with medical treatments. However, there is no duration of treatment included with this request. The request for home health care, 10 hours daily, 7 days per week is determined to not be medically necessary.