

<b>Case Number:</b>	CM15-0031073		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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:

The injured worker is a 76 year old male, who sustained an industrial injury on August 27, 1999. The injured worker was diagnosed as having tetraplegia, neurogenic bowel, neurogenic bladder, dysfunctional spasticity, congestive heart failure, restrictive pulmonary disease, multiple pain syndromes, anemia and psychological. Treatment to date has included C4-C5 corpectomy, discectomy, and hematoma evacuation with titanium strut grafting and anterior cervical plate fusion August 27, 1999, antibiotic for urinary infection, bladder management, skin management, and bowel management, nursing care, orthotics and medications, computed tomography scan of abdomen, renal ultrasound, computed tomography scan of abdomen and pelvis, transthoracic echo and computed tomography scan Angio. Currently, the injured worker has numerous issues from the injury he suffered on August 27, 1999. In a progress note dated January 27, 2015, the treating provider reports physical examination reveals the injured worker in a power reclining wheelchair, limited cervical spine active range of motion, cerebellar intention tremor of the right wrist and during hand to mouth movements on right, sensation grossly unchanged. The physician is requesting all medications be refilled psychological counseling, handicapped van, continue 24 hour nursing, master bathroom door, door for closet and enclosure for shower or tub, replace wheelchair seat cushion and case management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued 24 hour nursing care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Service Page(s): 51.

**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 claimant has significant disabilities from the injury. However, the needs may require more of an inpatient skilled setting rather than a home setting. The guidelines do not recommend exceeding 35 hours of care per week. In addition, the need for 24 hr care was not specified. The request is not medically necessary.