

<b>Case Number:</b>	CM15-0084154		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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  
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 58 year old male, who sustained an industrial injury on 02/06/1998. He reported having partial and full-thickness burns to his torso, bilateral upper extremities, face, and buttocks. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical sprain/strain, lumbar sprain/strain, shoulder sprain/strain, hand sprain/strain, wrist tendinitis, ankle sprain/strain, history of flash burns, recurrent skin infections, and blindness due to bilateral optic atrophy. Treatment and diagnostics to date has included skin grafts, reconstructive surgeries, steroid injections, dental implants, 24 hour care, use of a seeing eye dog, psychiatric care, and medications. In a progress note dated 03/30/2015, the injured worker presented for a follow up and states topical medication provides him with good benefit. The treating physician reported requesting authorization for 24 hour home health care. The physician stated this is needed on a permanent basis to provide the injured worker with his medical therapy and conducting interventions forth eh injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 24 Hour home health care provided by LVN: 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; Official Disability Guidelines (ODG), Pain, Home health services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.cgsmedicare.com/hhh/coverage/hh\\_coverage\\_guidelines/1c.html](http://www.cgsmedicare.com/hhh/coverage/hh_coverage_guidelines/1c.html).

**Decision rationale:** There are no guidelines in the MTUS with regards to qualification for home health services. The patient has sustained a significant injury dating back to 2/1998 rendering him totally disabled. Diagnosis have included cervical sprain/strain, lumbar sprain/strain, shoulder sprain/strain, hand sprain/strain, wrist tendinitis, ankle sprain/strain, history of flash burns, recurrent skin infections, and blindness due to bilateral optic atrophy. Based on the CMS guidelines, to qualify for home health requires homebound status. There is inadequate documentation based on the patients current level of function that he requires 24 hours home health care. There is also inadequate documentation stating that leaving his home is medically contraindicated. The request is not medically necessary.