

<b>Case Number:</b>	CM15-0088408		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/23/2007
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 53-year-old female, who sustained an industrial injury on 10/23/2007. The current diagnoses are obesity, diabetes mellitus, hypertension, seizure versus syncope, and status post cerebrovascular accident times 2. According to the progress report dated 3/30/2015, the injured worker complains of a significant amount of pain, dysfunction, and difficulty with her speech. She did have a stroke. Per notes, she is having difficulty caring for and mobilizing herself. She has difficulty with household chores. The current medications are Nitroglycerin, Ondansetron, Zolpidem, Alprazolam, Morphine, Insulin, and Albuterol. Treatment to date has included medication management, computed tomography scan, electroencephalogram, and carotid ultrasound. The plan of care includes wheelchair and home health aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) Aetna Clinical Policy Bulletin: Wheelchairs and Power Operated Vehicles (Scooters) Number: 0271 Manual Wheelchairs.

**Decision rationale:** The request for a wheelchair is not medically necessary; CA MTUS is silent on this issue. Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note that these devices are recommended with evidence of significant knee osteoarthritis, knee joint instability of other demonstrated ambulatory dysfunction. Aetna Clinical Policy Bulletin: Wheelchairs and Power Operated Vehicles (Scooters) Number: 0271 Manual Wheelchairs: Recommend wheelchair use with documented ambulatory difficulty. The injured worker has a significant amount of pain, dysfunction, and difficulty with her speech. She did have a stroke. Per notes, she is having difficulty caring for and mobilizing herself. She has difficulty with household chores. The treating physician has not documented the necessity for a replacement as the injured worker has a wheelchair. Criteria not having been met, the request for a wheelchair is not medically necessary.

**Home Health Aid, four hours a day, for four days a week with intermittent re-assessment by nurse:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 51, Home health services Page(s): 51.

**Decision rationale:** The request for Home Health Aide, four hours a day, for four days a week with intermittent re-assessment by nurse is not medically necessary, CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that 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." The injured worker has a significant amount of pain, dysfunction, and difficulty with her speech. She did have a stroke. Per notes, she is having difficulty caring for and mobilizing herself. She has difficulty with household chores. The treating physician has not documented what specific home health services are being requested nor their medical necessity. Criteria not having been met, the request for a Home Health Aide, four hours a day, for four days a week with intermittent re-assessment by nurse is not medically necessary.