

<b>Case Number:</b>	CM15-0239200		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 10-14-13. Current diagnoses or physician impression-assessment includes quadriplegia, neurogenic bladder, recurrent urinary tract infections, indwelling urinary catheter and right shoulder pain. A note dated 9-23-15 and 10-28-15 reveals the injured worker presented with complaints of right shoulder and chest pain. The physical examination dated 10-28-15 revealed heart rate is regular, lung sounds are clear, abdomen is benign, no swelling or ulcers noted on her arms and legs. Her pulses are poor. She is alert. A note (date difficult to decipher) states the injured worker is able to use a call light herself; however she has family members during the day and "sitters" at night; "she wants attendant 24-7." Treatment to date has included medication, physical therapy and occupational therapy at an in-patient facility, 24-7 assistance, foley catheter, medication and a lift for transfers. A request for authorization dated 11-5-15 for 1:1 sitter 24 hours a day 7 days a week from 11-15 to 5-1-16 is denied, per Utilization Review letter dated 11-13-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One on one sitter 24 hours per day, seven days per week, from 11/1/2015 to 5/1/2016:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, #0136, Skilled Home Private Duty Nursing Care.

**Decision rationale:** The records indicate the patient sustained a spinal cord injury in the cervical spine leaving her a quadriplegic. The current request for consideration is one on one sitter 24 hours per day, seven day per week, from 11/1/15 to 5/1/16. A progress noted date 11/5/15 fails to provide subjective or objective findings, and the treatment plan is blank. There is a note stating that the patient is to remain off of work until 12/2016. Interdisciplinary hand written notes are difficult to decipher. ACOEM, MTUS and ODG are silent on one on one sitters. Aetna guideline #0136 states, "Private duty nursing is distinguished from caregivers who are not nurses (often called "sitters") who provide non-skilled care (bathing and other hygiene assistance, assistance with eating, etc.) and companionship to patients. Such sitters often do minor housekeeping chores for patients, but they are neither educated nor qualified to provide skilled nursing care." The Aetna guidelines do not discuss medical necessity of sitters. Generally, not all tetraplegics (the currently used terminology for quadriplegics) require sitter. A sitter is not the standard of care for tetraplegics. The goal of tetraplegic rehabilitation is to make the patient as self-sufficient as possible. Minimally, the patient should be able to communicate with the staff and direct her own care. The nursing notes states that the patient is able to express her needs but has chosen not to. The nursing notes state that the patient is seen at least every 2 hours to turn her to maintain skin integrity. A 11/23/2015 letter of justification by [REDACTED] stating that 24 hour monitoring by a sitter is needed for bowel, bladder, skin integrity, medication management and preventing risk factors and any complication that may arise due to orthostatic hypotension. These are duties most appropriately performed by the home health caregivers she already has. The letter states the patient has unexpected vomiting and needs to be turned to her side by a sitter. The letter states that the nursing staff needs to be alerted on a daily basis of the patient's dizziness, lightheadedness and blurred vision. However, the nursing notes do not note daily problems due to dizziness, lightheadedness or blurred vision. The letter also states the patient's muscle spasms cause her arms to fall and hit the bed rails. Again, the nursing and physician notes do not note this is a frequent problem. There is no detailed description of muscle spasticity such as Ashworth scores. Finally, [REDACTED] letter states that a sitter is needed to call for help when the patient is unable. There is no indication that the patient has problems calling for help. The notes state that the patient is able to communicate her needs. She is able to use the nursing call button but has chosen to rely on others. Also, the patient has been given special adaptive equipment to help her communicate with others. Finally, there are other more appropriate devices to help promote patient independence such as pressure activated devices, sip and puff alarms and voice activated monitors. As such, the request is not medically necessary.