

<b>Case Number:</b>	CM15-0243519		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	12/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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: North Carolina  
 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 was a 60 year old female, who sustained an industrial injury on April 14, 2003. The injured worker was undergoing treatment for lumbar and lumbosacral degenerative disc disease, postlaminectomy syndrome, arthropathy and thoracic or lumbosacral neuritis or radiculitis. According to progress note of October 8, 2015, the injured worker's chief complaint was neck pain and low back pain which was present all the time. The injured worker pointed to the mid cervical and thoracic spine as the pain area. The pain radiated into the bilateral shoulders. There was numbness and tingling between the bilateral forearms and all the fingers. The pain increased with pushing, pulling, lifting, or keeping that neck in one position for a prolonged period of time. The neck pain temporarily improved with rest and applying a hot and cold packs, electrical stimulation and with taking medications. The low back pain was described as aching pain that becomes burning and throbbing. The low back pain was worse than the prior visit. The injured worker was also complaining of left knee pain which was worse than the prior visit. The injured worker was only able to walk or stand for about one minute. The injured worker spent most of the day in bed. The physical exam noted decreased range of motion of the cervical spine. There was no gross weakness of the bilateral upper extremities. There was pain with over the head motion of the bilateral shoulders. There was diffuse tenderness with palpation of the lumbosacral spine. There was no evidence of any paravertebral muscle rigidity or spasms. The examination was limited due to the injured worker was in a wheel chair. There was swelling throughout the bilateral legs and feet. There was left foot drop. There was lymphedema of the left lower extremity. The reflexes were present and equal in the bilateral lower extremities. The

injured worker was admitted to the hospital on October 14, 2015, for metastatic cancer of the colon due falling at home and the injured worker lived alone. The injured worker rated the pain at 8 out of 10 in the back and bilateral legs. The injured worker had 4 plus edema to the lower extremities. The injured worker had very limited mobility with complaint of pain. The injured worker previously received the following treatments Percocet and lumbar fusion surgery assistive devices and wheelchair. The injured worker was having a palliative care consultation prior to discharge from the hospital with probable nursing home care. The RFA (request for authorization) dated October 8, 2015; the following treatments were requested home health care nurse 6 hours a day 7 days a week. The UR (utilization review board) denied certification on December 5, 2015; for nursing care in home RN.

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

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

**Home health care nurse 6 hours per day for 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 California MTUS section on home health states: 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. (CMS, 2004) The provided documentation for review does not indicate the patient is home bound either permanently or on an intermittent basis. There is also no specification in what activities would be assisted as home maker services are not recommended. Therefore the request is not medically necessary.