

<b>Case Number:</b>	CM14-0121564		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	09/01/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old male who reported an injury on 09/17/2010 while working as a trash man. He was standing on top of the trailer unloading trash, leaned over to pick up a tarp filled with trash and lost his balance, falling head first 7 feet to the ground, struck the top of the head on shredded back on the ground, then fell to his side, felt a crack in his neck. The injured worker had a history of consistent neck pain. The injured worker had diagnoses of C5 tetraplegia, musculoskeletal and neuropathic pain, neurogenic bladder, right ring and little finger claw deformity, status post C2, C6, and T3 fractures secondary to work related injury. Surgeries included a status post anterior cervical discectomy and fusion at C3-5 with instrumentation dated 01/12/2011, a status post intra-stimulator bladder implantation dated 05/28/2013 and surgery for right ring and little claw deformity dated 08/14/2012. Prior treatments included intravesical Botox, lumbar epidural steroid injections, L4, L5 sympathetic blocks, physical therapy, and medications. The injured worker is able to walk, however with spasticity and weakness. Also, long distance mobility with a wheelchair. The medications included Baclofen 20 mg, gabapentin 800 mg, Lidoderm 5% patch, Linzess 290 mcg, Lorazepam 1 mg, MS Contin 30 mg, Norco 7.5/325 mg, Pantoprazole, Terazosin 5 mg, Voltaren 1% and Zanaflex 2 mg. The injured worker rated his neck pain an 8/10 in severity and a 5/10 to 6/10 on average using the VAS. The treatment plan included continues home health care 7 hours a day, 7 days a week. The Request for Authorization dated 08/06/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro request for Continue home health care 7 hours per day, 7 days per week from 4/8/14 (for 2 months): Upheld**

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

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

**Decision rationale:** The California MTUS recommend home health services 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 clinical notes did not indicate that the injured worker was homebound. The clinical notes indicated that the injured worker is able to ambulate without assistance and only needs a wheelchair for long distance. Spouse assists with the catheterization 2 to 3 times a day and a bowel regimen. No noted skin breakdown or incontinent episodes. The injured worker was able to perform a driver's evaluation and was awake and appropriate for the vehicle. As such, Retro request for Continue home health care 7 hours per day, 7 days per week is not medically necessary.