

<b>Case Number:</b>	CM14-0129665		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/31/1979
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 72 year old male with a date of injury of December 31, 1979. The mechanism of injury was not indicated. He was diagnosed with (a) abdominal pain; (b) diarrhea; (c) ulcerative colitis, quiescent; (d) elevated lipase; (e) diabetes mellitus type II; (f) hypertension; and (g) hyperlipidemia. In a discharge note from the treating physician dated March 14, 2014 it was indicated that the injured worker was admitted in their facility due to complaints of epigastric abdominal pain and increased stool output since March 12, 2014. His previous inpatient treatments consisted of supportive care, intravenous fluids and medications for symptoms control. However, it was indicated in the report that during the most recent admission, control of his symptoms using those treatments has failed as he continued to complain of anorexia and pain. This is a review of the requested home visits for three hours a day and seven days a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Visits 3 hours a day, seven days a week.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

**Decision rationale:** The medical records received have limited information to support the necessity of home visits for three hours a day and seven days a week. As per the Medical Treatment Utilization Schedule, it was stated that home health services are recommended only for patients who are home-bound, on a part time or "intermittent" basis generally up to no more than 35 hours per week. In this injured worker's case there is no documentation that he was home-bound. Additionally, it was indicated in the medical records that he was living with his spouse and that caring for him has been professionally performed by her for the last 35 years. It was also stated that she was able to provide him the medical assistance that he needed. As such, there is no reason for the necessity of additional home health care assistance. With this information, the medical necessity of the requested home visits for three hours a day and seven days a week is not established.