

Case Number:	CM14-0163930		
Date Assigned:	10/08/2014	Date of Injury:	01/27/2014
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal 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 (IW) is a 44 year-old man who fell 20 feet head first onto grass from losing his balance on a platform. The injury was reported on January 27, 2014. His injuries resulted in C4 and C7 fractures status post (s/p) anterior cervical discectomy and fusion (ACDF) C4-6 and posterior decompression C3-T1 with C3 fracture and stenosis at C3-5. The medications were noted to include Peridex, Dantrium, doxycycline, Neurontin, Lidocaine gel, Flomax, Baclofen, Colace, Senna, and Enemeez. The surgical history included an anterior cervical discectomy and fusion at C4 through C6, and posterior decompression, C3 through T1. The diagnostic studies include a bilateral upper extremity nerve conduction study per the CM notes. Results are pending. Other therapies included physical therapy (PT) and occupational therapy (OT) until August 14, 2014. He had the ability to stand 20 minutes without difficulty. The IW was noted to have 17 skilled nursing visits. Current diagnoses include neurogenic bladder, urinary incontinence (unspecified), and late effect of spinal cord injury - Paralysis (unspecified). Visit note dated August 26, 2014 indicated that the IW feels "good" overall. His left upper extremity is a little stiff. He has responded well to therapy. Treatment will be continued in order to progress standing duration, balance, and strength for increased independence with functional mobility. Per prescription order dated September 5, 2014, caregiver assistance service is needed with personal care activities, and activities of daily living (ADL's) due to functional limitations which prevent self-care. It was noted that there is no willing or able caregiver to provide hygiene needs. Goal is in order for the IW to receive effective and consistent personal care and hygiene, including ADL's to their optimal level. Interventions include assistance to the following: transfers; ambulation; mobility (walker/wheelchair); bathing/shower/skin care/dressing; hair care/shampoo; shaving; meal preparation; dishes; light housekeeping/laundry; bed linen/making/changing; and emptying urinal/bedpan. Recent OT notes report that IW was able to

dress upper body with moderate assist. He is able to roll from side to side with standby assist, supine to sit; standby assist, sit to stand; contact guard assist, static standing; maintains balance without support, level surface distance (in feet); 400ft with contact guard assist. The IW was having OT due to the dorsal radial portion of the right hand. The IW had a neurogenic bowel and a neurogenic bladder. He was noted to be voiding throughout the day, 150 to 200mL at a time. He was utilizing a caregiver 16 hours a day. The IW needed assistance with dressing, bathing, toileting, bed mobility, transfers, eating, and grooming. He was noted to be a quadriplegic. He was able to follow 1 step commands without significant difficulty, and was able to concentrate during the examination. The speech was within normal limits (WNL). The IW is non-ambulatory. He has full passive range of motion (ROM) bilaterally. He had small amount of edema in the right foot, and there were bilateral lower extremity TED hose on. Sensation was intact bilaterally through the upper extremities. It was intact to light touch bilaterally at L3, L4, and S2, and ASIA key points, but decreased to bilateral S1 and ASIA key points. The IW has decreased motor strength in the right cervical spine though S1. He was to continue OT and PT. It was noted that his spasticity was improved. As such, there would be a continuation of Baclofen and dantrolene. The IW would continue gabapentin for neuropathic pain. The documentation indicated that the IW was unable to leave home without assistance, and leaving home required significant and taxing effort. He has difficulty transferring and ambulating. Additionally, the IW was noted to live with his spouse and receives assistance from a person residing in his home. The documentation indicated that the IW has pain help. DME includes a hooyer lift, a rolling walker, a wheelchair, a power wheelchair, a tub chair, a splint and a brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home health assistant (personal attendant care) 8 hours/day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11 edition (web), 2014, Pain Chapter, Home health services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; Home Health Services

Decision rationale: Pursuant to the Official Disability Guidelines, home health services are not medically necessary. The Official Disability Guidelines recommend home health services under the following criteria. These services include both medical and nonmedical services for patients who are homebound and who require one or a combination of the following: 1) skilled nursing care by a licensed professional for tasks such as administration of IV drugs, dressing changes, physical therapy, speech language pathology services and occupational therapy; 2) home health aide services for health related tasks and assistance with activities of daily living that do not require skills of a medical professional such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medicines and/or; 3) domestic services such as shopping, cleaning, laundry that the individual is no longer capable of performing due to illness or injury. These services do not require specialized healthcare services and are medically necessary where the medical condition results in an inability to leave the home

for medical treatment and or inability to perform specific custodial or homemaker services. Justification for medical necessity of home health services requires documentation of: 1) The medical condition that necessitates home health services including objective deficits in function and the specific activities precluded by such deficits; the expected kinds of services that will be required with an estimate of the duration and frequency of such services; and the level of expertise and/or professional licensure required to provide the services. Evaluation of medical necessity for home healthcare services must be made on a case-by-case basis. The physician's treatment plan usually includes an in-home evaluation by a home healthcare agency registered nurse to assess the appropriate scope, extent and level of care for home healthcare services. One time home healthcare evaluation is appropriate if the treatment plan is unclear and not already ordered by the treating physician. In this case, the injured worker received a prescription order dated September 5, 2014 for Home Care Services. The caregiver assistance services enumerated on the request included personal care activities, activities of daily living due to functional limitations which prevents self-care. The goal is for the injured worker to receive effective and consistent personal care and hygiene. Interventions are to include transfers, ambulation, mobility (Walker/wheelchair), bathing/shower/skincare/dressing (clothing), hair care, shampoo, dishes, light housekeeping duties, laundry, bed linen/making/changing, and emptying urinals and bed pan. Pursuant to the ODG, the requested services do not fall under the category of covered services. Skilled nursing care does not include the aforementioned nonmedical custodial services. These services do not require specialized healthcare services and consequently they are not medically necessary. Based on the clinical information in the medical record and the evidence based, peer reviewed guidelines, the home health services are not medically necessary.