

<b>Case Number:</b>	CM14-0188197		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/14/1994
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 62 year-old female with a date of injury of July 14, 1994. The patient's industrially related diagnoses include status post lumbar laminectomy and fusion at L4-5 in 2010, sprain/strain of the cervical spine superimposed upon multiple bulging discs, status post right shoulder arthroscopy and subacromial decompression, severe bilateral carpal tunnel syndrome, status post left carpal tunnel release in 2003, status post right carpal tunnel release in 2012, secondary left wrist sprain/strain and avulsion fracture of the left thumb, right knee sprain/strain, status post left knee arthroscopy, meniscectomy, and chondroplasty in 2004, and status post left knee arthroscopy. The disputed issues are requests for Nivea lotion, Pose pads, and home care for November 2014 for 720 hours, December 2014 for 744 hours, and January 2015 for 744 hours. A utilization review determination on 11/10/2014 had noncertified these requests. The stated rationale for the denial of home care was: "Guideline criteria have not been met. The patient is not noted to be homebound. Furthermore, medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Therefore, this request is not medically reasonable or necessary at this time." The stated rationale for the denial of Nivea lotion and Pose pads was: "Guideline criteria have not been met. This request would not be considered medical in nature."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nivea lotion:** 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)-TWC; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

**Decision rationale:** Regarding the request for a Nivea lotion, California MTUS does not address the issue. ODG states that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, the treating physician did not provide the rationale for the request of the Nivea lotion. There were no documented skin complaints and dermatological examination did not identify any skin conditions besides a healing right carpal tunnel release scar. In addition, there was no documentation that the injured worker is bed or room-confined. In light of these issues, the currently requested Nivea lotion is not medically necessary.

**Pose pads (Case):** 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)-TWC; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg, Durable Medical Equipment (DME).

**Decision rationale:** Regarding the request for Pose pads, California MTUS does not address the issue. ODG states that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, the treating physician did not provide the rationale for the request of the Pose Pads. There were no documented bladder complaints and the injured worker was not diagnosed with any urological conditions. In addition, there was no documentation that the injured worker is bed or room-confined. In light of these issues, the currently requested Pose pads are not medically necessary.

**Home care for November 2014 720.00:** 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:** Regarding the request for home care for November 2014 for 720 hours (24 hours per day, 7 days a week), California MTUS states that home health services are 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the injured worker is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The treating physician did not provide specific documentation regarding what home health care services would be rendered. In a progress report dated 4/8/2014, it was documented that the injured worker started post-op physical therapy for her right wrist after carpal tunnel release surgery, but she completed that course of therapy and is no longer doing physical therapy. Furthermore, the current request exceeds the recommended amount of home health per week, and the treating physician did not provide the rationale for the additional hours requested. Based on the guidelines, medical necessity could not be established for 720 hours of home care for the month of November.

**Home care for December 2014 744.00 hours:** 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:** Regarding the request for home care for December 2014 for 744 hours (24 hours per day, 7 days a week), California MTUS states that home health services are 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the submitted documentation available for review, there is no documentation that the injured worker is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The treating physician did not provide specific documentation regarding what home health care services would be rendered. In a progress report dated 4/8/2014, it was documented that the injured worker started post-op physical therapy for her right wrist after carpal tunnel release surgery, but she completed that course of therapy and is no longer doing physical therapy. Furthermore, the current request exceeds the recommended

amount of home health per week, and the treating physician did not provide the rationale for the additional hours requested. In light of these issues, medical necessity could not be established for 744 hours of home care for December 2014.

**Home care for January 2015 744.00 hours:** 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:** Regarding the request for home care for January 20145 for 744 hours (24 hours per day, 7 days a week), California MTUS states that home health services are 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the submitted documentation available for review, there is no documentation that the injured worker is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The treating physician did not provide specific documentation regarding what home health care services would be rendered. In a progress report dated 4/8/2014, it was documented that the injured worker started post-op physical therapy for her right wrist after carpal tunnel release surgery, but she completed that course of therapy and is no longer doing physical therapy. Furthermore, the current request exceeds the recommended amount of home health per week, and the treating physician did not provide the rationale for the additional hours requested. In light of these issues, medical necessity could not be established for 744 hours of home health care for January 2015.