

<b>Case Number:</b>	CM15-0013509		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 is a 22 year old male, who sustained an industrial injury on July 9, 2013. He has reported sustained an L1 fracture. The diagnoses have included L1 chance fracture, status post T11 to L3 Open Reduction and Internal Fixation decompression, laminectomy, T6 paraplegia, ASIA A, neurogenic bladder, neurogenic bowel, neuropathic and musculoskeletal pain and skin integrity impairment sacrum. Treatment to date has included T11 to L3 open reduction and internal fixation at posterior L1 and T12 levels on July 10, 2013 and inpatient rehabilitation. Currently, the injured worker complains of the need for an attendant for supervision, structure and safety, he has a history of falls, recent pressure sores, supervision to maintain compliance and make good choices in function, safety, skin care and need for assist to access community, accompany in transportation until able to drive indecently. In a progress note dated January 7, 2015, the treating provider reports bilateral upper extremity motor 5/5 lower extremities 0/5, sensory last intact level approximately T6 bilaterally and sacrum with shallow stage 2, mild drainage. On December 31, 2014 Utilization Review non-certified an attendant care four hours in AM and four hours in PM, unable to determine what was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Attendant 4 Hours in AM and 4 Hours in PM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 56.

**Decision rationale:** The California chronic pain medical treatment guideline on home health services states: Home health services recommended only for otherwise recommended medical treatment for patients who are home bound, 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. Home health services are recommended for patients who are home bound. Per the documentation, the patient has the diagnosis of T6 paraplegia and is home bound. However, the request is in excess of the amount of hours per week recommended per the California MTUS without objective rationale. Therefore the request is not medically necessary.