

<b>Case Number:</b>	CM15-0111165		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/22/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 51-year-old female with an industrial injury dated 06/22/2008. Her diagnoses included lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with multilevel disc protrusions and status post right total hip replacement. Prior treatment included bilateral knee braces and medications. She presents on 04/02/2015 with complaints of ongoing right hip and low back pain. Objective findings included the injured worker was wearing bilateral knee braces. The note is difficult to decipher. The RN initial home health assessment does not note the injured worker is homebound. The plan of care indicated the injured worker did not have any intravenous therapy or parental nutrition. She was able to transfer with minimal human assistance or with use of an assistive device, with the use of a one handed device was able to independently walk on even and uneven surfaces and negotiate stairs and able to feed herself but required meal set up. The assessment documented she was unable to prepare light meals on a regular basis. In the plan of care skilled nursing duties were to assess pain level and effectiveness of pain medications, instruct patient to achieve better pain control and instruct the patient on pain relief measures. Other duties were to instruct caregiver, assess the patient for diet compliance and instruct the patient to use prescribed assistive device when ambulating. The request is for 1 RN assessment and 2 RN visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RN assessment and 2 RN visits:** Upheld

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

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

**Decision rationale:** 1 RN assessment and 2 RN visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 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, 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 documentation does not indicate that this patient is homebound or requires specific nursing skills such as tube feeding, intravenous medication, wound care. The request for nursing assessment and visits is not medically necessary.