

<b>Case Number:</b>	CM15-0173685		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 52 year old male who sustained an industrial injury on 06-14-2014 when he fell through a roof and sustained a spinal cord injury. Current diagnoses include spinal cord injury with paraplegia. Report dated 08-03-2015 notes that the injured worker has a wound on the left thigh which requires wound care and dressing changes. Report dated 06-11-2015 noted that the injured worker presented for follow up. It was noted that the injured worker is scheduled to leave the inpatient rehabilitation program within the next two weeks. He will be going home with home physical therapy. Currently there is no movement in his legs and he is wheel chair bound, but does have some sensory in his upper right thigh. The injured worker self-catheterizes. Report dated 06-03-2015 noted that the injured worker required an attendant to assist in the morning and night for activities of daily living, specific areas included lower body dressing and bathing, clean up after incontinence of bowel or bladder, assist in uneven transfers to couch and standing frame, and household chores which included vacuuming, grocery shopping, carrying items from the store to put in cabinets. Skilled nursing is required as the injured worker requires assistance with a bowel regimen program for inserting suppositories into the rectum and performing digital stimulation in rectum to evacuate stool. The utilization review dated 08-04-2015, non-certified the request for home health care unskilled attendant 8 hours per day for 7 days a week, lumbar spine and cervical spine, home health care skilled nursing for 2 hours per day for 7 days a week, and wound care consultation, lumbar spine and cervical spine. Letter of appeal dated 8/6/15 was reviewed. In it the only argument was that MTUS Chronic guidelines pain did not apply which is not a valid argument.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unskilled attendant, 8 hours per day for seven days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Home health services.

**Decision rationale:** As per MTUS Chronic pain guidelines and Official Disability Guideline home health services may be provided under certain criteria. MTUS guidelines apply to skilled nursing services. ODG was assessed for guidelines related to aid from unskilled attendant to help with activity of daily living. ODG guideline is based off CMS (Centers of Medicare and Medicaid Services) guidelines. As per ODG, home health services may be considered in patients homebound and not able to provided services to self or from family/friends. Patient appears to be paraplegic and is paralyzed from chest down but appears to have normal arm function. It is unclear why the patient cannot provide some basic care to self. There is no documentation if patient is able to transfer self into a wheelchair. While an attendant may be necessary for certain times of day, the number of hours requested is excessive and not consistent with patient's deficits. There is also not clear documentation of how family and friends are involved or helping with patient's deficits. This medical review cannot approve of a request for service with an unlimited timeline or an unlimited amount of service. While unskilled attendant may be necessary, this request is not valid as it ask for too many hours in a day and unlimited timeline which does not account for any change in patient's functional status over time. CMS and ODG guidelines specifically state that services need to be constantly reassessed by provider on a regular basis. Not medically necessary.

**Skilled nursing for 2 hours per day for seven days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** As per MTUS Chronic pain guidelines, home health services may be recommended in patients who are homebound and require medical services. Patient is homebound and paraplegic. Patient has noted wounds that require dressing and a bowel regiment that cannot be done successfully by the patient. The number of hours requested fall below weekly maximum of 35 hours a week. However, this medical review cannot approve of a request for service with an unlimited timeline or an unlimited amount of service. While nursing care may be necessary, this request is not valid as it request unlimited services which does not account for

any change in patient's functional status over time. CMS and ODG guidelines specifically state that services need to be constantly reassessed by provider on a regular basis. Not medically necessary.

**Wound care consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

**Decision rationale:** As per ACOEM guidelines, consultation may be necessary in situations where a specific medical issue exceeds the capability of the provider. Documentation fails to support this. It is unclear why any specific wound consultation is necessary. Patient reportedly has a wound that is healing and just requires dressing changes. It is unclear why any specific wound specialist is needed when basic dressing changes can be done by skilled nursing staff. Not medically necessary.