

<b>Case Number:</b>	CM15-0173737		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/20/2015
<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: Arizona, California

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 31-year-old male who sustained an industrial injury on October 22, 2004. Diagnoses have included status post-surgical right lower extremity paralysis, neurogenic bladder, erectile dysfunction, depression, posttraumatic stress disorder; chronic pain syndrome, opioid dependency, morbid obesity, and bilateral knee, wrist and elbow strain or sprain. He is permanently, totally disabled. Documented treatment includes L3-4 and L5-S1 decompressive and stabilizing surgery November, 2010 with outcome of right lumbosacral plexopathy; completion of ten day functional restoration program on July 9, 2015, use of assistive devices including wheel chair and walker, and, medication including Nucynta, Pamelor, Volteran Gel, Imiprimine, Topamax, Duragesic, Clonidine, Lyrica, Klonopin, Celebrex, and Restoril. The injured worker has been reporting falls at one or two per month; dependency with activities of daily living, driving, and using steps; muscle weakness; fatigue; and chronic pain. The treating physician's plan of care includes 28 hours per week of home health care-giving for lifetime. This was denied August 20, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Caregiver 28 hours per week for lifetime:** 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:** According to the MTUS guidelines 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. In this case, the request is for non-medical household activities. The activities for support are not covered by the guidelines. Indefinite use cannot be determined. The request for home health as above is not medically necessary.