

<b>Case Number:</b>	CM15-0179880		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 49-year-old male, who sustained an industrial injury on 4-26-11. The injured worker is undergoing treatment for chronic pain syndrome, multiple contractures, burns of the head, neck, left shoulder and right hand, left eye removal, pulmonary injury, decubitus ulcer of right heel, right foot gangrene, hernias, sleep apnea, great toe fracture, dental issues, falls and skin wounds. Medical records dated 8-27-15 indicate the injured worker complains of orthotics wearing out, open wound of right 3rd toe, hand deformity and respiratory difficulty. The record indicates the injured worker has a very complex medical history with many physical ramifications. Physical exam dated 8-27-15 notes ambulation with cane and ankle-foot orthosis (AFO) braces, various burns of the head and upper body, umbilical hernias, receded gums, right hand swelling and contractures, decreased range of motion (ROM), sores on the feet and swelling. Treatment to date has included multiple specialists including dental care, podiatry, pulmonology, psychiatric care, physical therapy, medication, surgery and home health. The original utilization review dated 9-1-15 indicates the request for home health assistance for 24 hours -day 7 days a week for 3 months is modified to 12 hours a day 5 days a week for 3 months as the claimant is technically blind and at major risk of falls.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health assistance for 24 hours/day 7 days a week for 3 months: 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 section, Home health services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home health assistance 24 hours a day, seven days a week for three months is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are chronic pain syndrome secondary to peripheral neuropathy; status post white phosphorus burn injury of the head, neck, left shoulder and right hand; status post arsenic toxicity exposure; status post pulmonary injury; status post left eye removal with the right corneal injury; sensory and motor deficit extremities secondary to peripheral neuropathy; multiple contractors offering lower extremities; status post prior renal failure requiring dialysis, resolved; status post small bowel resection due to obstruction; decubitus ulcer right heel with osteomyelitis; poster manic stress disorder; dental injuries; obstructive and central sleep apnea. Date of injury is April 26, 2011. Request authorization is August 27, 2015. The medical record contains 17 pages and one progress note dated August 27, 2015. The injured worker is a 49-year-old man who has been receiving 24-hour home healthcare seven days a week. The duration is not known. The worker is legally blind has sustained multiple falls the most recent of which was accompanied by a fracture of the great toe. The injured worker has visual and neurologic impairments. The home health aide assists with ADLs, bathing, dressing, hygiene and transportation. The injured worker ambulates with a single forearm cane and on occasion when not wearing braces uses a wheelchair. The injured worker does not appear to be homebound. The guidelines indicate home healthcare services include both medical and nonmedical services to be deemed medically necessary. The injured worker must be confined to the home or homebound. This injured worker ambulates with a single forearm cane. There is no documentation the injured worker is homebound. Home healthcare services are not clinically indicated in the absence of homebound status. Assistance with ADLs, bathing, dressing and other personal care services may be obtained using other procedures. Based on the clinical documentation in the medical record, peer-reviewed evidence-based guidelines, a 17 page medical record with no documentation indicating the injured worker is homebound, documentation the injured worker ambulates with a single forearm cane (and on occasion a wheelchair) and no documentation the injured worker is homebound, home health assistance 24 hours a day, seven days a week for three months is not medically necessary.