

<b>Case Number:</b>	CM15-0071999		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/15/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New York, West Virginia, Pennsylvania  
 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 53 year old female injured worker suffered an industrial injury on 02/15/2001. The diagnoses included chronic regional pain syndrome all four extremities, spinal cord stimulator implants, severe major depressive disorder. The injured worker had been treated with medications. On 12/10/2014 the treating provider reported the injured worker is almost essentially a quadriplegic due to severe neuropathic pain, weakness and loss of functions in all extremities. She needed assistance for all activities of daily living. The documentation provided indicated records of home care for at least for many months. On 3/5/2015, the treating provider reported the injured worker is anxious, appears chronically ill and overweight. She utilized an electric wheelchair. There is severe left allodynia, atrophy and disfigurements with very long fingernails. The provider reported the injured worker was deteriorating requiring supportive care and close psychiatric supervision. He reported worsening depression with psychotic features and hallucinations. The provider administered trigger point injections. The treatment plan included 12 Hour day care 7 days/week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Hour day care 7 days/week:** Upheld

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

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

**Decision rationale:** Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning and personal care given by aides like bathing, dressing, and using the bathroom. In this case, the patient is 100% disabled and requires 12 hours per day for 7 days per week. However, it is unclear when the patient started to require home care assistance and what services are being provided for this patient. The patient's home situation is not documented and it is unclear if the patient lives alone and if they have assistance. Without sufficient information, the request for home health care 12 hour day care 7 days per week is not medically necessary.