

Case Number:	CM14-0173212		
Date Assigned:	10/24/2014	Date of Injury:	10/31/2009
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old male with an injury date of 10/31/09. Based on the 09/12/14 progress report provided by [REDACTED], the patient complains of bladder incontinence and difficulty with bowel movements. The patient uses an electric wheelchair per progress report dated 09/09/14. Physical examination revealed atrophy of his upper extremities, in particular, his hand intrinsic muscles and first dorsal interossei. The patient has diminished muscle bulk in the lower extremity. Sensory and motor exams to the upper and lower extremities showed decreased strength and diminished light touch and pinprick sensation. The patient uses a walker when he rises from his wheelchair and is only able to walk less than 5 feet without his walker, and only able to stand very briefly without assistance of his walker. The patient is unable to reach above shoulder level while standing, and is at risk for falling. In the treating physician's medical opinion, the patient has poor truncal control, weak shoulder girdle muscles and very poor balance. He is elderly and if he were to fall, he would be at risk of bone fractures. The patient can perform daily activities at the wheelchair level, where he spends most of his waking hours. He can only stand for a few minutes to perform personal hygiene at the bathroom sink level. His knees begin to buckle when he stands. He has difficulty holding a knife and other household objects with ease. His mother has been assisting him with daily activities, but she is getting older and getting very difficult for her to help him. His medications include Glipizide, Lisinopril and Metformin. Diagnosis 09/12/14- spinal cord injury not otherwise specified without spinal bone injury- neurogenic bladder. Dr. [REDACTED] is requesting home health care for cleaning, cooking and shopping. The utilization review determination being challenged is dated 10/07/14. [REDACTED] is the requesting provider and he provided treatment reports from 01/15/14-09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care for cleaning, cooking and shopping: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines- Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines has the following regarding home services Page(s): 51.

Decision rationale: The patient is on a wheelchair and presents with spinal cord injury with bladder incontinence and difficulty with bowel movements. The request is for home health care for cleaning, cooking and shopping. His diagnosis dated 09/12/14 included spinal cord injury not otherwise specified without spinal bone injury and neurogenic bladder. Physical examination dated 09/09/14 revealed atrophy of his upper extremities, in particular, his hand intrinsic muscles and first dorsal interossei. The patient has diminished muscle bulk in the lower extremity. Sensory and motor exams to the upper and lower extremities showed decreased strength and diminished light touch and pinprick sensation. His medications include Glipizide, Lisinopril and Metformin. MTUS page 51 has the following regarding home services, "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 treatments 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." Per progress report dated 09/09/14, treating physician states the patient has poor truncal control, weak shoulder girdle muscles and very poor balance. He is elderly and if he were to fall, he would be at risk of bone fractures. The patient can perform daily activities at the wheelchair level, where he spends most of his waking hours. He can only stand for a few minutes to perform personal hygiene at the bathroom sink level, since his knees begin to buckle. His mother has been assisting him with daily activities, but she is getting older and getting very difficult for her to help him. Patient diagnosis limits his ADL's which have been documented and corroborated with physical examination. The patient is 67 himself and will no longer be getting help from his elderly mother. The request for home health care up to 35hr/week as outlined in MTUS is reasonable. The request is medically necessary and appropriate.