

Case Number:	CM13-0008145		
Date Assigned:	03/24/2014	Date of Injury:	10/17/2012
Decision Date:	04/22/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

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 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:

This 67 year-old female sustained an injury on 10/17/12 while employed by [REDACTED]. Request under consideration include care giver, 4 hours a day, Mondays, Tuesdays, Wednesdays, and days of appointments, 8 hours a day. Diagnoses include low back/coccyx pain; cervical sprain/strain; temporal bone hairline-fracture; history of rheumatoid arthritis; head injury with cognitive impairment; traumatic hearing loss secondary to head trauma and mastoid fracture. CT scan of the brain on 10/21/12 had impression of negative for acute intracranial hemorrhage, mass, or hydrocephalus; mild diffuse brain atrophy; and right otitis externa/media and right mastoiditis. EEG on 3/19/13 noted mildly abnormal for stated age with focal slowing over left temporal head; no associated epileptiform discharges. Report of 7/16/13 from the provider noted the patient has developed cramps and spasm on the right side of her jaw. Exam noted the patient is aler and oriented; ambulates with cane; has droopy facial features; eyes drooping and memory problems. Plan was to refer the patient to [REDACTED] for an evaluation of her cognitive abilities. Per report of 5/29/13, the patient comes with a caregiver who helps her Mons-Weds-Friday 3 hours and drives her to her appointments because she was not stable to drive herself to get medications and food. The patient is reportedly single and lives in a small mountain community. It was unclear who the caregiver is and inquiry for clarification had no response. The request for transportation was certified at that time due to her dizziness complaints; however, the above request for care giver was non-certified on 7/30/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARE GIVER, 4HOURS A DAY, MONDAYS, TUESDAYS, WEDNESDAYS, AND DAYS OF APPOINTMENTS, 8 HOURS A DAY: 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 SERVICES Page(s): 52.

Decision rationale: This 67 year-old female sustained an injury on 10/17/12 while employed by [REDACTED]. Request under consideration include care giver, 4 hours a day, Mondays, Tuesdays, Wednesdays, and days of appointments, 8 hours a day. Diagnoses include low back/coccyx pain; cervical sprain/strain; temporal bone hairline-fracture; history of rheumatoid arthritis; head injury with cognitive impairment; traumatic hearing loss secondary to head trauma and mastoid fracture. CT scan of the brain on 10/21/12 had impression of negative for acute intracranial hemorrhage, mass, or hydrocephalus; mild diffuse brain atrophy; and right otitis externa/media and right mastoiditis. EEG on 3/19/13 noted mildly abnormal for stated age with focal slowing over left temporal head; no associated epileptiform discharges. Report of 7/16/13 from the provider noted the patient has developed cramps and spasm on the right side of her jaw. Exam noted the patient is aler and oriented; ambulates with cane; has droopy facial features; eyes drooping and memory problems. Plan was to refer the patient to [REDACTED] for an evaluation of her cognitive abilities. Per report of 5/29/13, the patient comes with a caregiver who helps her Mons-Weds-Friday 3 hours and drives her to her appointments because she was not stable to driver herself to get medications and food. The patient is reportedly single and lives in a small mountain community. It was unclear who the caregiver is and inquiry for clarification had no response. The request for transportation was certified at that time due to her dizziness complaints; however, the above request for care giver was non-certified on 7/30/13 citing guidelines criteria and lack of medical necessity. MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as she attends office visits ambulating with a cane. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with her activities of daily living. It is unclear if there is any issue with family support. Exam also are nonspecific without clear neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The care giver, 4 hours a day, Mondays, Tuesdays, Wednesdays, and days of appointments, 8 hours a day is not medically necessary and appropriate.