MAXIMUS Federal Services

Case Number:	CM13-0010667		
Date Assigned:	09/25/2013	Date of Injury:	05/01/2003
Decision Date:	01/23/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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 43 year old male with an injury from 05/01/03. His diagnoses per 8/2/13 report by [redacted] are Cervical strain/sprain. A magnetic resonance imaging (MRI) of the C-spine from 2012 showed disc bulges with spinal stenosis at C4-4, questionable retrolisthesis. The requests were denied by a Utilization Review (UR) letter from 4/18/13, stating that the request for transportation is not medical service. The request for home service was authorized. There is another UR letter from 6/4/13 authored by [redacted]. This report discusses Milliman Care Guidelines for home health but does not discuss why the request was denied. The 9/9/13 report by [redacted] is a review of the neurology report. That report lists status/post blunt head trauma, post-concussive syndrome, and depression/anxiety. Neurology recommended psychiatric and psychologic reeval, and antivert for dizziness. The 8/2/13 report has neck and left arm pain, symptoms, increases with ADL's, not taking any meds. A second opinion for spine surgical consultation is pending, continue home care 2hr/day. The 8/10/12 report is a home care re-evaluation by an RN. The patient lives with wife who runs a day-care full-time. Daughter helps but will be going to school. Neither are able to help out with his ADLs. The patient needs help with bed transfers/mobility to change his diaper, assisting in bathing, semi-assistance with wearing pants, needs help with putting on shoes, all of the house keeping, changing of linens, dusting, medication reminder, clearing bathroom, dishes, goes shopping for patient, light laundry, and sometimes with assists with light meal preparation. The 2/15 13 report by [redacted] indicates that the patient has balance problems and dizziness due to head trauma, has an electic wheelchair, is a high risk for falls, has marked difficulty with ADLs, medical management, home exercises or personal hygiene activities, and requires help with transfers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care - 2 hours per day x 7 days per week for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Definitions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: My recommendation is for authorization of the home care. The employee requires assistance with self-care. The wife runs a day care and is not able to assist the employee throughout the day. It is unreasonable for the employee to rely on his daughter who has to go to school. This employee has had a head injury and is not able to walk, and is using a motorized wheelchair. The employee has dizziness and is a risk for fall. The employee requires assistance to have diaper changes. I was not able to determine why this employee is on diapers but may be wearing them during the night. The employee requires assistance with simple ADL's and is not able to clean the house, cook or do laundry. This request was previsouly authorized but another UR company denied it. Reviewing a previous UR letter, I do not see that the reviewer has grasped this patient's limitations as described by the treating physician, [redacted]. The recommendation is for authorization as requested.