MAXIMUS Federal Services

Case Number:	CM13-0036027		
Date Assigned:	12/13/2013	Date of Injury:	10/28/1988
Decision Date:	04/02/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 and Rehabilitation and is licensed to practice in TX. 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 59-year-old male who reported an injury on 10/28/1988. The mechanism of injury was noted to be a motor vehicle accident. The patient's diagnosis was noted to be intracranial injury of other and unspecified nature without mention of an open intracranial wound and unspecified state of consciousness. The appeal letter per the physician indicated the patient improved immensely in the past and has been able to make gains in quality of life with continuation of care. It was further indicated in the past the physician tried a reduction of care activities and routines and this met with deterioration of condition and illness. The patient was noted to have severe impairments of brain, orthopedic, pulmonary, musculoskeletal, and neurologic function caused by the work injury. It was indicated after must physical and behavioral treatment, the patient improved to his current condition of being able to be dressed and out of bed daily, live in an assistive living facility, be transported by wheelchair and medical van, walk short distances with assistance, and be cared for a home-care licensed nurses and certified nurse's aides and participate in activities with outpatient therapists and other caregivers. The request was made for a continuation of 24-hour home care from [redacted] 12 hours of care by licensed staff, CNAs, continuation of an adult day program, continuation of an adult swim program with an [redacted] membership for 1 year and continuation of medical transportation by [redacted] for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 hour per day care by licensed staff (LVN or RN) from [redacted] for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Low Back & Knee Chapter Page(s): 51.

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

Decision rationale: California MTUS Guidelines indicate that home health services are recommended for patients who are homebound and who are in need of part-time or intermittent medical treatment for up to 35 hours per week and medical treatment 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. The clinical documentation submitted for review indicated the patient was living in an assisted-living home center. There was lack of documentation indicating necessity for licensed personnel medical services. Given the above, the request for 12 hour per day care by licensed staff (LVN or RN) from [redacted] for one year is not medically necessary.

12 hour per day care by CNAs from [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Low Back & Knee Chapter Page(s): 51.

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

Decision rationale: California MTUS Guidelines indicate that home health services are recommended for patients who are homebound and who are in need of part-time or intermittent medical treatment for up to 35 hours per week and medical treatment 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. The clinical documentation submitted for review indicated the patient was living in an assisted-living home center. There was lack of documentation indicating necessity for licensed personnel medical services. Given the above, the request for 12 hour per day care by CNAs from [redacted] for one year is not medically necessary.

Continuation of adult day program 2-3 times per week at [redacted] for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Pain, Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Official Disability Guidelines indicate gym memberships, health clubs, and swimming pools are not generally considered medical treatment and are not covered under the Official Disability Guidelines. The clinical documentation submitted for review failed to provide functional benefit of the requested treatment. Additionally, there is lack of documentation to exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Continuation of adult day program 2-3 times per week at [redacted] for one year is not medically necessary.

Continuation of adult swim program 2-3 times per week at [redacted] for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Low Back, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

Decision rationale: Official Disability Guidelines indicate gym memberships, health clubs, and swimming pools are not generally considered medical treatment and are not covered under the Official Disability Guidelines. The clinical documentation submitted for review failed to provide functional benefit of the requested treatment. Additionally, there is lack of documentation to exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Continuation of adult swim program 2-3 times per week at [redacted] for one year is not medically necessary.

Continuation of medical transportation by [redacted] for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Transportation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg Chapter

Decision rationale: Official Disability Guidelines indicate transportation is recommended for medically necessary appointments in the same community for patients with disabilities preventing them from self transport. The clinical documentation submitted for review failed to indicate the patient does not have familial support or a social system that was unable to provide transportation to and from medically necessary appointments. The patient was noted to be living in an assisted-living facility and it was not indicated they had the inability to transport the

patient. Given the above, the request for Continuation of medical transportation by [redacted] for one year is not medically necessary.