

Case Number:	CM13-0044159		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2010
Decision Date:	04/29/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 & 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 49 year-old male who was injured on February 15, 2010 when he fell 15-17' fracturing T8, T12; left ribs, left calvicle, and dislocating his jaw. He has been diagnosed with compression fractures of T8 and T12 with paraplegia; neurogenic bladder; history of bed sores in buttock and left achilles area; fracture of left metatarsals; continued falls during transfers from chair to bed, from bathroom to chair, resulting in recurrent and new injuries; frequent urinary tract infection (UTI); history of gallbadder surgery due to gallstones; depression; cervical sprain/strain; tendonitis bilateral shoulders with exacerbation after a fall on October 6, 2013; increased swelling and temperature of the lower left extremity (LLE), below the knee, rule out (r/o) recurrent fractures from October 6, 2013 fall, r/o deep vein thrombosis (DVT), r/o Cellulitis; and numbness/tingling bilateral lower extremities (BLE). He has difficulty transferring and is left by himself during the days. He was reported to have fallen several times resulting in head trauma. On October 14, 2013 UR denied the request for home health care 8 hours/day 7 days/week because 56 hours/week is more than 35 hours recommended by MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HELP 8 HOURS/DAY, 7 DAYS/WEEK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN Page(s): 51.

Decision rationale: The California MTUS guidelines, state that home health services are generally up to no more than 35 hours per week. The guideline does not strictly state that all cases are not to exceed 35 hours per week. The patient is a paraplegic, with a history of bedsores in the buttocks and achilles area. He has difficulty transferring himself and has had multiple falls resulting in head trauma. His latest fall was on October 6, 2013 and the physician wanted to rule out a leg fracture. He falls when he attempts to shower, and reported spilling hot oil on his groin once when trying to cook. He is by himself at home. The reporting has shown he is at high risk for reinjuring himself and there is need for home healthcare. The physician requested home health care 8 hours/day for 7 days a week. This case appears to qualify for treatment outside the generalized recommendations, due to the patient's history of falls during transfers and risk for harming himself on doing simple activities of daily living (ADLs). Therefore the recommendation is for certification.