

<b>Case Number:</b>	CM13-0045861		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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:

This 48 year-old male sustained an injury on 9/10/12. Request under consideration include Continue with 4 hours per day of attendant care (no end date). Diagnoses include TBI w/ right SDH and intracranial bleed s/p craniotomy w/ evacuation; H/o early focal motor seizure; Reactive depression, anxiety, and sleep disturbance. Report of 10/16/13 from [REDACTED], PM&R noted patient with complaints of nasal congestion, right cranium neuropathic discomfort improved, tinnitus of right ear; no seizures, no syncope, and no falls reported. Headache has resolved, but with occasional dizziness. The patient is doing light gardening; walking 30 minutes/day and is independent in all basic activities of daily living, self-care, grooming and hygiene. Per Paradigm nurse, there is a refusal of physical therapy/gym program. Request is for continued attendant care for "4 hours a day to assist with household chores as well as driving activities." Report of 9/4/13 noted patient is accompanied by his wife who is assisting in the patient's care. There is no mention of medications, but he has stopped taking oral Ambien for sleep. The report also stated the patient should consider taking an adaptive driving evaluation in the near future. Examination did not document any significant musculoskeletal abnormalities. Request was non-certified on 10/28/13 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:

**Continue with 4 hours per day of attendant care (no end date): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on ACOEM Guidelines, (tables 8-5, 8-8, 9-3, & 9-8, Chapter 5, text, page 83, Chapter 6, text, pages 107 & 114-116, and ODG (<http://www.odg-twc.com/odgtwc/>)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

**Decision rationale:** 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 is not homebound as he walks 30 minutes per day with recommendation from provider to undergo a driving evaluation. There is no specific deficient performance issue evident as it is reported the patient is independent with his activities of daily living. Exam also has no indication of motor deficits identified that would require formal therapy treatment. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The request to continue with 4 hours per day of attendant care (no end date) is not medically necessary and appropriate.