

Case Number:	CM13-0053394		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2008
Decision Date:	11/04/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, 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 claimant was injured on 02/26/08 when his arms were amputated below the elbows in a crush injury. Re-implantation was not successful. A 24-hour home health aide for 43 days is under review. He has been receiving cognitive behavioral treatment and has been improving. He has a service dog. He was evaluated on 09/10/13. He had ongoing bilateral upper extremity pain that was constant for 5 years. He had problems with his stump ulcerations and poor healing following the injury. He has had severe phantom limb pain and has been treated by pain management. He had been given mechanical prostheses. He had great difficulty bonding with home care services that he relied on for help. He needed 10-12 hours of assistance during the day. In the past has had home health workers who smoked or took frequent breaks during the day and left him unattended. He wanted his girlfriend to be his home health aide as she was more helpful. He was frustrated and had difficulty in obtaining appropriate equipment. He is permanent and stationary but "requires 24-hour care." He is frequently up in the middle of the night. He is unable to sleep with his prostheses and requires assistance to use the bathroom. He needed assistance with bathing, bathroom, cooking, and meal prep, dressing and any type of traveling. This was to be provided by his partner who should be compensated for this care. He needed 2 sets of usable prosthesis. He also required occupational therapy to help him become more independent in his activities of daily living. He was given medications. He continued cognitive behavioral therapy in late 2013. He had previously been certified for a home health aide for 10-12 hours per day. He was authorized for 42 days of 12 hour per day assistance by a previous assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 hour home health aide for 43 days: Upheld

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 Home Health Services Page(s): 84.

Decision rationale: The history and documentation do not objectively support the request for a 24 hour home health aide for 43 days. The MTUS state home health services may be "recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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 when this is the only care needed." In this case, there is evidence that the claimant needs assistance with his activities of daily living but there is no evidence that he requires medical treatment. The claimant is not described as being homebound or non-ambulatory. There is no indication that he needs skilled care. It is not clear why this type of assistant is needed specifically for 42 days and for a longer period of time each day that has already been provided. There has been no regression in his condition. The notes end in 2013 and OT was being recommended with no reports of the outcome submitted. He was also using prostheses and his current status regarding those devices is not described. The medical necessity of this request for 24 hours of home health aide assistance for 43 days has not been clearly demonstrated.