MAXIMUS Federal Services

Case Number:	CM13-0054492		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2004
Decision Date:	05/09/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/19/2013

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 53-year-old male with date of injury of 05/14/2004. The listed diagnoses according to [redacted] dated 08/28/2013 are: 1. Status-post industrial passenger motor vehicle accident, 2004, 2. Severe cognitive impairment with 08/28/2013 MMSE scored at 19/30, 3. Neuropsychological testing rule out traumatic brain injury, 4. Depressive and pain disorders, 5. Dementia due to head trauma, 6. Cervical spine sprain with 1-2mm disc bulge at C6-C7 per the 2004 MRI, 7. Right arm traumatic amputation at elbow, 2004, 8. Right shoulder impingement syndrome with rotator cuff tears, 2004, 9. Ligamentous low back sprain with early disc desiccation at L4-L5 and 1-2mm disc bulge at L2-L3 and L5-S1 from 2004 MRI, 10. Moderate left carpal tunnel syndrome, 11. Bilateral tubular neuropathy and right peroneal motor neuropathy, 12. Insomnia with abnormally elevated ESS scores of 15, and 13. Obesity with BMI of 37. According to the progress report, the patient complains of headaches that started about 3 years ago at the back of the head and on both sides. He also complains of poor memory and difficulty concentrating. He also reports complaints of difficulty sleeping at night. The physical examination shows the patient is alert, cooperative, and well-nourished in no apparent distress. He is 5 feet 6 inches and currently weighs 230 pounds. The patient's speech was slow and mumbled. MMSE (mini-mental status exam) score was 19/30 (lower end of mild cognitive impairment). Mood was depressed and affect was appropriate. Both long-term and short-term memories were abnormal, and he displayed forgetfulness. The patient is able to independently do self-care, but needs assistance with driving, preparing meals, housework, doing laundry, and shopping. The treating physician is requesting [redacted] Program 5 days a week to include activities as well as occupational, physical, and cognitive therapies, and home healthcare 24 hours per day, Saturday and Sunday, with no duration noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **PROGRAM 5DAYS/WEEK:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, INTERDISCIPLINARY REHABILITATION PROGRAMS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION CRITERIA FOR SKILLED NURSING FACILITY CARE (SNF).

Decision rationale: This employee presents with severe cognitive impairment, neck pain with headaches, and difficulty sleeping. The treating physician is requesting an inpatient program for 5 days a week at the [redacted] Program. The MTUS and ACOEM Guidelines are silent with regards to the request. However, the ODG on skilled nursing facility care indicates that it is recommended if necessary after hospitalization when patients require skilled nursing or skilled rehabilitation services or both on a 24-hour basis. The criteria for skilled nursing facility care include: 1. The patient was hospitalized for at least 3 days for major or multiple trauma or major surgery; 2. Physician certifies that the patient needs assisted care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical co-morbidities; 3. The patient has significant new functional limitations such as inability to ambulate more than 50 feet or perform activities of daily living such as self-care, eating or toileting; 4. The patient requires skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week requiring skills of technical or professional personnel such as nurse, physical therapist, and occupation or speech therapist; 5. Treatment is precluded in lower levels of care; and 6. The skilled nursing facility is a Medicare-certified facility. The employee's injury is from 10 years ago, and the employee's has had extensive rehabilitation. The progress report dated 08/28/2013 documents that the employee is independently performing self-care and personal hygiene. The employee needs assistance driving, preparing meals, doing housework, and laundry. The ODG guidelines do not recommend inpatient skilled-nursing facility unless the patient is unable to self-care such as for eating, toileting and unable to ambulate 50ft. This is not the case in this employee. Recommendation is for denial.

HOME HEALTH CARE 24 HOURS PER DAY SATURDAY AND SUNDAY, NO DURATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: This employee presents with brain injury and chronic pain following a motor vehicle accident. The employee is noted to score 19/30 on mini-mental status examination, documenting cognitive impairment at the low end of mild. The treating physician lists the employee's condition as severe cognitive impairment and the request is for Home Health Care 24 hours per day, Saturday and Sunday, with no specific duration. For home health care, the MTUS Guidelines page 51 provides only brief guidelines indicating that this is recommended for patients who are homebound on a part time or intermittent basis and medical treatment does not include homemaker's services like shopping, cleaning, and laundry. The progress report dated 08/28/2013 shows that the employee is able to self-care, but is in need of assistance with preparing meals, driving, cleaning, and shopping. The employee is not able to prepare meals for him/herself and leave home without assistance. There is no discussion as to what kind of help the employee has with the family and the mother seems to be assisting the employee with food preparation and transportation. There is no documentation as to what kind of risk of harm the employee is to him/herself and others. This employee does not appear to be a danger to him/herself or to others. There are no seizure disorders documented. The employee is independent with self-care, transfers, ambulation and stair climbing. 24 hr home care appears excessive for someone who is able to care for him/herself. Recommendation is for denial.