

Case Number:	CM14-0007880		
Date Assigned:	02/10/2014	Date of Injury:	03/05/2010
Decision Date:	07/22/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 3/5/10 date of injury. He suffered a stroke s/p a carotid artery dissection and has resultant left spastic hemiparesis and a history of seizures. On 12/19/13, the patient was noted to have developed jock itch and dermatitis around his groin area. The patient has gained roughly 40 pounds. He has been eating more at night. He continues to have pain in his shoulder with limited ROM. Objective exam demonstrates a left facial droop with increase muscle tone in the left upper and lower extremities with spasticity. He is wearing an AFO for his left lower extremity. Diagnostic Impression is Stroke, s/p carotid artery dissection, history of seizure disorder, and insomnia. Treatment to date: inpatient rehabilitation, medication management, nasal mask, speech therapy, cognitive therapy, home exercise program. A Utilization Review decision dated 1/14/14 not medically necessary the request for a home health nurse since there is no medical rationale provided for the request. The OT request was modified from 8 sessions to 6 sessions as a trial of occupational therapy to establish efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSE-24/HRS A DAY, 7 DAYS A WEEK FOR ONE MONTH:

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: The California MTUS states that home health services are 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. However, from the records provided, the patient is currently residing at a rehabilitation center. It is unclear if he is residing at home now, and when the discharge occurred. In addition, there is no supporting documentation in regards to whether the patient has any family assistance. Guidelines support up to 35 hours per week of home health care for medical purposes only, and this request is for 24 hours a day, 7 days a week. The guidelines do not support homemaker services like shopping, cleaning, laundry, and personal care. Therefore, the request for Home Health Nurse-24 hours a day, 7 days a week for one month was not medically necessary.

OT TWICE A WEEK FOR FOUR WEEKS OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, this patient is noted to be at an inpatient rehabilitation center, currently undergoing occupational therapy. There is no clear documentation of functional improvement from the prior occupational therapy. In addition, it is unclear how many sessions the patient has previously had. This patient did suffer a severe debilitating stroke with residual hemiparesis, so the physical therapy required for this condition would be outside of general guideline recommendations. The UR decision modified this request to 6 sessions for an initial trial of occupational therapy. However, since this patient is already doing occupational therapy, a trial is not necessary. However, there is no discussion provided as to why an additional 8 sessions are being requested, and the end-points in treatment and whether the patient is able to comply with an independent home exercise program. Therefore, the request for OT 2x4 Left Shoulder was not medically necessary.