

Case Number:	CM14-0009838		
Date Assigned:	02/21/2014	Date of Injury:	02/03/2006
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 65-year-old female patient with a 2/3/06 date of injury. The patient reports persistent left-sided headache pain. A 1/7/14 progress report indicates unchanged findings. Physical exam demonstrates tongue deviation to the left. The patient has positive left sided hemiparesis. There is abnormality in the left facial sensation. The patient is opposed to assisted living, but would be agreeable to 24-hour in-home care. 1/3/14 brain MRI demonstrates findings consistent with a thrombosed aneurysm demonstrating persistent mass effect within the brain. Amongst prevalent comorbidities, the patient suffers from hypertension, cerebrovascular disease, coronary artery disease with ischemia, atypical chest pain, several previous strokes following postsurgical complications, ongoing TIA strokes, cognitive dysfunction, gait disturbance, left hemiparesis, dysarthria, complex regional pain syndrome, and status post MI with premature ventricular contractions. The patient has a complex history with prior surgical clipping of a giant intracranial aneurysm, resulting in subsequent headaches or neurological symptoms. Treatment to date has included surgical clipping, physical therapy, and medication management. The patient indicates that she is able to care for herself when her pain levels are low or she is not experiencing a seizure. There is documentation of a previous 1/10/14 adverse determination for lack of evidence that the patient lives alone or would not have assistance with ADLs.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 HR IN HOME CARETAKER DURATION NOT INDICATED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

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

Decision rationale: CA 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, while it is acknowledged that this is a patient with an extremely complex case history and multiple significant co-morbidities, there remains no evidence that home health care would be requested to render medical treatment. CA MTUS states, specifically, that 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. Furthermore, the patient indicates that she is able to care for herself when her pain levels are low or she is not experiencing a seizure; it is unclear why 24-hour medical care would be required. The request, as submitted, is open-ended and would exceed the maximum hours per week recommended by CA MTUS. Reports indicate that the patient is also supported by family members, such as for grocery shopping. Therefore, the request for 24 hr in home caretaker duration not indicated is not medically necessary.