

Case Number:	CM14-0103963		
Date Assigned:	07/30/2014	Date of Injury:	03/01/2007
Decision Date:	10/08/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 69 year old male who was reportedly injured on 03/01/2007. The last progress report dated 05/06/2014 notes that the injured worker's blood pressure being above normal parameters frequently and increased sleep apnea associated with uncontrolled blood pressure. The injured worker is also having problems with obesity, agitation and intermittent coughing. The injured worker is wheelchair bound. Neurologic exam reveals poor balance, decreased muscle strength bilaterally-right more than left. Psychiatric exam reveals poor judgment and poor mood/affect. The injured worker has a history of cerebrovascular accident (2010), hemiplegia, slurred speech, dementia and neuralgia. A request was made for Custodial Care for 16 Hours a day x 7 days a week and was given partial certification at 5 hours a day x 7 days a week on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custodial Care for 16 Hours a day x7 days a week: Overturned

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: This is a claimant who has sustained a cerebral vascular accident and has hemiparesis with impaired mentation and personality changes as a consequence. This is made worse by the claimant preexisting morbid obesity. There has been Agreed Medical Examination which documents the claimant has problems with frequent aspiration due to dysphagia and esophageal dysmotility which again appears to be a consequence of the intracerebral hemorrhage. The claimant is noted to be ataxic and has postural instability due to his right hemiparesis and underlying morbid obesity. In this milieu of medical problems I believe that CA MTUS regarding Home Health Care page 51 is not applicable, in as much as this represents a permanent and full-time situation unlikely to improve appreciably any time in the foreseeable future. Therefore the requested services of 16 hours a day 7 days a week is medically reasonable and necessary.