

Case Number:	CM14-0105165		
Date Assigned:	07/30/2014	Date of Injury:	10/08/2010
Decision Date:	09/30/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

This is a case of a 45-year-old male who has filed a claim for traumatic brain injury with cognitive impairment, mood disorder secondary to traumatic brain injury, probable partial complex seizure, and insomnia associated with an industrial injury date of 10/08/2010. Medical records from 2013 to 2014 were reviewed. Progress reports are handwritten and somewhat difficult to decipher. Supplemental report dated 07/16/14 shows that the patient had home care noted go up through May 2014. They usually went to take the dog for a walk in park; she made his bed and cleaned up the house. He prepared and served him dinner, washed the dishes, prepared meals for the weekend. The caretaker is usually there from 2:00 PM to 6:00 PM, five days a week. Prior to home service, there are times when the patient was not up. He did not want to eat. He was not dressed and his TV was not working. He still reports of constant neck pain, depression, and on and off headaches behind the left eye. On 04/30/14 physical examination, there is tenderness and spasms about the cervical spine with decreased range of motion. He remains depressed. He has difficulty with tandem gait. He is considered to be temporarily totally disabled. Treatment to date has included acupuncture therapy, physical therapy, medications, psychotherapy. Medications taken include Topamax, Tylenol, Tramadol, Vicodin, and Lamictal. Utilization review dated 06/19/2014 denied the request for home services for the patient because he has already been certified for a previous home health care duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, 7 times a day, 8 hours per day: 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 Service Page(s): 51.

Decision rationale: According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services only for otherwise recommended medical treatment for patients who are homebound, generally up to no more than 35 hours per week on a part-time or intermittent basis. 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, patient had home care services for 4 hours a day, 5 times a week in the past. The present request is for authorization on 06/13/14 for home healthcare seven days a week, eight hours a day. However, there is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Moreover, the requested duration of services exceeded guideline recommendation of no more than 35 hours weekly. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Home health care, 7 times a day, 8 hours per day is not medically necessary.