

<b>Case Number:</b>	CM14-0106187		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehab and is licensed to practice in Nevada. 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 47 year-old male who was reportedly injured on 10/11/2011. The mechanism of injury is not listed in the records reviewed. The most recent progress notes dated 3/6/2014 and 4/24/2014, indicate that there are ongoing complaints of intermittent passing out, left temple pain, left eye blindness and memory problems. Physical examination demonstrated tenderness over the temples; normal strength, sensation and reflexes in the upper/lower extremities; ambulates without an assistant device; blindness in the left eye; discomfort with optic kinetic testing; tenderness over the temporomandibular joints; deep tendon reflexes are symmetrical in the upper/lower extremities with flexor plantar response. No recent diagnostic imaging studies available for review. Diagnosis: closed head injury with multiple intracranial hemorrhages with residual cognitive and motor impairment secondary to organic brain syndrome; blindness in the left eye; bilateral occipital neuralgia, Temporomandibular joint syndrome, syncopal episodes of uncertain etiology, possibly combination of anxiety and hypoglycemia. Previous treatment includes Norco, BuSpar, Valium, trazodone and meclizine. A request was made for Home Health Care and Home Alert System and was not certified in the utilization review on 6/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care (no discipline type or frequency and duration included): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009): Home Health Services, page 51 of 127 Page(s): 51 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule supports home health services only for patients who are homebound, on a part-time or "intermittent" basis, and no more than 35 hours per week. Medical treatment does not include homemaker services or personal care given by home health aides. Review of the available medical records, fails to document clinical reasoning regarding the medical necessity of home health care. As such, this request is not considered medically necessary.

**Home Alert System:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: This appears to be an administrative request.

**Decision rationale:** California Medical Treatment Utilization Schedule , American College of Occupational and Environmental Medicine and Official Disability Guidelines does not address a home alert system. The injured worker suffers intermittent syncopal episodes, left eye blindness and memory problems; however, the available medical records fail to document a medical necessity or reason for a home alert system. As such, this request is not considered medically necessary.