

Case Number:	CM14-0018068		
Date Assigned:	04/16/2014	Date of Injury:	08/28/2006
Decision Date:	07/22/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation 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:

The patient is a 59-year-old male who was injured on August 28, 2006. He sustained an intracranial hemorrhage with residual right-sided hemiparesis. Prior treatment history has included Dilantin, Trileptal, Diovan, labetalol, atorvastatin and fenofibrate. The patient underwent multiple neurosurgical procedures in August 2006 with multiple complications. An office note dated January 24, 2013 reports that the patient has a loss of peripheral vision. His blood pressure has been good. He has persistent urinary incontinence. He has had one seizure since his last visit. There is no sexual function. He usually gets up at 2 a.m. to urinate. He has had a few accidents with his bowels because of urgency. Physical examination reveals the patient to be in no acute distress. He cannot move his right arm or right leg. His right foot is in a brace. He has persistent tremor in the right upper extremity. His blood pressure is 135/90. The patient is wheelchair bound but cannot propel himself due to right hemiparesis and general weakness. He has diminished hearing on the right. There is atrophy of all four extremities. On neurological exam, there is abnormality with hyperesthesia of the right upper and lower extremity, expressive and receptive aphasia, right hemiparesis, imbalance, generalized weakness, and diminished hearing on the right. Diagnostic impressions include hypertension causing ruptured left middle cerebral artery aneurysm with intracranial hemorrhage with residual profound neurological deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE, 24 HOURS DAY, 7 DAYS PER WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the California MTUS guidelines, Home health services are recommended only for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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. The patient receives assistance from his wife for some of his needs, such as food preparation and homemaker services. The request for 24/7 home health care exceeds the guidelines recommendations. The medical records do not demonstrate the patient is homebound. The medical necessity of this request is not established by the medical records provided. The request is not supported by the guidelines, and therefore is not medically necessary.

ELECTRIC WHEELCHAIR PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Powered Mobility Devices Page(s): 99.

Decision rationale: According to the California MTUS guidelines, powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The medical records document the patient has a standard wheelchair as well as a wheeled walker, which he uses for ambulating shorter distances. His wife assists him with the manual wheelchair. The guidelines state if the patient has mobility with other assistive devices, a motorized chair is not essential to care. The medical records do not establish medical necessity for an electric wheelchair, and the request is not medically necessary.

ROLL-IN VAN PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg; Transportation To and From.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation (to & from appointments).

Decision rationale: The Official Disability Guidelines state transportation (to & from appointments) is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The patient sustained his injury in 2006. The medical records demonstrate the patient had access to a van for transportation to and from medically necessary appointments, in which the wheelchair is rolled on to. It is reasonable the patient is able to continue such services for medically-necessary transport. In addition, his wife also provides assistance for transportation. The medical records do not provide an adequate rationale as to establish the medical necessity of this request. Therefore, the request is not medically necessary.

STROKE REHABILITATION FOR HYPERTENSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Cognitive skills retraining.

Decision rationale: The ODG states a cognitive skill retraining is recommended, especially when the retraining is focused on relearning specific skills. Training needs to be focused, structured, monitored, and as ecologically relevant as possible for optimum effect. Rehabilitation programs emphasizing cognitive-behavioral approaches to the retraining of planning and problem-solving skills can be effective in ameliorating identified deficits in reasoning, planning, concept formation, and mental flexibility, aspects of attention and awareness, and purposeful behavior; Cognitive and specific skills retraining needs to be guided by the patients' real daily living needs and modified to fit the unique psychological and neuropsychological strengths and weaknesses of the patient. According to the California MTUS/ACOEM Guidelines, the clinician's role is as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The patient sustained his injury in 2006. The most recent medical report dated January 13, 2014, indicates the patient's BP at that time was 140/90. However, there are no records provided that documents the patient's blood pressure from the initial date of injury to the present time. The submitted record document his hypertension medication is managed by another physician. According to the documentation, there is history of the patient having a presenting condition of malignant hypertension. At the time of injury, the patient had a ruptured left middle cerebral artery aneurism with intracranial hemorrhage with residual profound neurological deficits, resulting in partial loss of vision, urinary incontinence, seizures, aphasia of the right side limbs, and hypertension controlled by medications, and dependency on his wife for assistance. The submitted report notes that the patient participates in a daily home exercise program with resistance bands and an exercise bike. The medical records do not include any documentation of the history of treatment rendered to

date, since his date of injury, used to address his deficits. The necessity of additional rehabilitation at this time is not explained. There is inadequate information provided by the records to substantiate the medical necessity of the request. Therefore, the request is not medically necessary.

INDEPENDENT NURSE CASE MANAGER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: According to the California MTUS/ACOEM Guidelines, the clinician's role is as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Essentially, the treating clinician should act as the patient's primary case manager. According to the medical report, another physician provides the patient's medication for hypertension and gastritis. The medical records do not provide an adequate history with regard to treatment utilized to date to address the patient's residual effects from his 2006 date of injury. The medical records do not specify why there is a need of an independent nurse case manager. There is no documentation of a current clinical status, which should be a part of the treating physician's assessment, as well detailed history of treatment rendered to date. The medical necessity of this request has not been established, and the request is not medically necessary.

ANNUAL NURSE CASE ASSESSMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The California MTUS/ACOEM Guidelines states, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Essentially, the treating clinician should act as the patient's primary case manager. According to the medical report, another physician provides the patient's medication for hypertension and gastritis. The medical records do not provide an adequate history with regard to treatment utilized to date to address the patient's residual effects from his 2006 date of injury. The medical records do not specify why there is need of an annual nurse case assessment. There is no documentation of a current clinical status, which should be a part of the treating physician's assessment, as well detailed history of treatment rendered to date. The medical records provided do not establish the request is medically necessary, and the request is not medically necessary.

