

Case Number:	CM14-0111364		
Date Assigned:	08/01/2014	Date of Injury:	11/05/2008
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family Practice and is licensed to practice in Texas and Georgia. 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 50-year-old male who reported an injury on 11/05/2008 after a fall from a ladder and sustained a closed head injury. The injured worker's treatment history included psychological treatment. He was evaluated on 05/10/2014. It was noted that he reportedly had uncontrolled seizures, issues with ambulation, feelings of depression and helplessness with suicidal idealization. A request was made for home healthcare and skilled nursing visits to assist with care and observation of the injured worker while the injured worker's wife is employed outside of the home

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care/skilled nursing visits: 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 Page(s): 51.

Decision rationale: The requested home healthcare skilled nursing services are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home healthcare services for injured workers who are home bound on a part-time or intermittent basis.

As it is indicated within the documentation, the injured worker is not able to be left unattended due to significant safety risks to his self and others as a result of the injured worker's closed head injury. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested home healthcare skilled nursing visits are not medically necessary or appropriate.