

Case Number:	CM14-0156099		
Date Assigned:	09/25/2014	Date of Injury:	05/13/1985
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/23/2014

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 & 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 underlying date of injury in this case is 05/13/1985. The date of the utilization review under appeal is 08/25/2014. The patient's diagnosis is C5-C6 quadriplegia. The treating physician wrote a narrative letter 08/07/2014 noting that this patient has C5-C6 quadriplegia and requires close monitoring 24 hours per day, 7 days per week, by his wife or a caregiver in order to avoid episodes of dysreflexia resulting in uncontrolled hypertension. The treating physician notes that this is of particular concern given that the patient has a pacemaker and additional cardiovascular risk factors of diabetes and increased cholesterol. The treating physician notes that the patient requires comprehensive care to get dressed and to bathe and to manage recurrent decubitus ulcers and to administer his insulin and to perform straight catheterization. The initial physician review noted that this patient requires substantially more help than 28 hours per week as recommended in the treatment guidelines and noted that the medical documentation does not indicate specific advantages to the patient to remain at home versus a more structured environment. A letter of justification for the patient's home health care service clinical nurse supervisor notes that the patient requires moderate to total care of all activities of daily living including bathing, hygiene, dressing, transferring, urostomy care, bowel care, and diabetes care and states that for this reason the patient is qualified to have 24-hour care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caregiver Assistance for 24 hours Between 8/6/2014 and 11/16/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 5/6/11), Chapter 7- Home Health Services; section 50.2 (Home Health Aids Services)

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on home health services, page 51, recommends home health services no more than 35 hours per week and states that this is authorized recommended medical treatment for patients who are homebound "on a part-time or intermittent basis." Thus, the treatment guidelines specifically do not support an indication for 24-hour home care but rather suggest that home care is indicated for patients who require substantially less assistance than this patient requires at home. The rationale stated for the level of assistance that this patient requires is a compelling reason for the patient to be cared for not at home but rather in a facility with daily availability of skilled nursing care and frequent availability of physicians. The risk factors identified in terms of the patient's cardiac status, pulmonary status, and skin status, among others could not realistically be monitored or addressed on a regular basis via home health services. Rather, the level of complexity this patient requires could only be provided in a 24-hour skilled facility and not in a home setting. For this reason, this request is not medically necessary.

Caregiver Assistance Retro for 676 Hours Between 4/1/2014 and 4/30/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 5/6/11), Chapter 7- Home Health Services; section 50.2 (Home Health Aids Services)

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on home health services, page 51, recommends home health services no more than 35 hours per week and states that this is authorized recommended medical treatment for patients who are homebound "on a part-time or intermittent basis." Thus, the treatment guidelines specifically do not support an indication for 24-hour home care but rather suggest that home care is indicated for patients who require substantially less assistance than this patient requires at home. The rationale stated for the level of assistance that this patient requires is a compelling reason for the patient to be cared for not at home but rather in a facility with daily availability of skilled nursing care and frequent availability of physicians. The risk factors identified in terms of the patient's cardiac status, pulmonary status, and skin status, among others could not realistically be monitored or addressed on a regular basis via home health services. Rather, the level of complexity this patient requires could only be provided in a 24-hour skilled facility and not in a home setting. For this reason, this request is not medically necessary.

Retro Request for 671 hours of Caregiver Assistance Between 5/1/2014 and 5/31/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 5/6/11), Chapter 7- Home Health Services; section 50.2 (Home Health Aids Services)

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on home health services, page 51, recommends home health services no more than 35 hours per week and states that this is authorized recommended medical treatment for patients who are homebound "on a part-time or intermittent basis." Thus, the treatment guidelines specifically do not support an indication for 24-hour home care but rather suggest that home care is indicated for patients who require substantially less assistance than this patient requires at home. The rationale stated for the level of assistance that this patient requires is a compelling reason for the patient to be cared for not at home but rather in a facility with daily availability of skilled nursing care and frequent availability of physicians. The risk factors identified in terms of the patient's cardiac status, pulmonary status, and skin status, among others could not realistically be monitored or addressed on a regular basis via home health services. Rather, the level of complexity this patient requires could only be provided in a 24-hour skilled facility and not in a home setting. For this reason, this request is not medically necessary.