

Case Number:	CM14-0157907		
Date Assigned:	10/01/2014	Date of Injury:	09/06/2007
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in Preventative 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:

38 yr. old male claimant sustained a work injury on 9/6/07 involving the neck. She sustained a spinal cord injury and had chronic diagnoses of COPD, UTI, pressure ulcers pneumonia and constipation. A progress note on 9/3/14 indicated the claimant had spasticity, contracted left arm, left elbow and left wrist. There was no motor strength in the C7-T1 level. The treating physician requested a 8 hour 1:1 attendant to the skilled nursing facility where the claimant resides to assist in feeding, going to the backyard of the facility and answering call lights.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Hour Attendant per day for 1:1 additional feeding going outside facility in backyard answering call light needs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: According to the MTUS guidelines, home services are recommended only for otherwise recommended medical treatment 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. In this case, the claimant is at a skilled nursing facility. There is no indication the request can not be fulfilled by the facility nurses to care for the claimant. The claimant is not at his home. The request for additional aid is therefore not medically necessary.