

Case Number:	CM14-0158455		
Date Assigned:	10/01/2014	Date of Injury:	12/01/2012
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
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 Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained multiple injuries on December 1, 2012 when he was struck by a vehicle while walking across a street. These injuries included trauma to the facial bones, left eye globe, subdural hematoma and subarachnoid hemorrhage, multiple rib fractures, lumbar vertebral fracture, right tibial fracture. Following the accident he had a prolonged coma and period of intubation with multiple problems, including renal failure. He has cognitive impairment and physical impairment and requires assistance with daily activities. He has received physical and occupational therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Attendant care and transportation for therapeutic outing weekdays and weekends: Upheld

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

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

Decision rationale: Neither the MTUS nor the ODG specifically address transportation however attendant care is addressed under the home health services topic in the Chronic Pain Medical Treatment Guidelines. Home health 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 aids like bathing, dressing, and using the bathroom when this is the only care needed." The specific attendant care to be provided and the number of hours per week it is to be provided is not given in the medical documentation available. Therefore, request for Attendant Care and Transportation for Therapeutic Outings is not medically necessary.