

Case Number:	CM14-0159592		
Date Assigned:	10/03/2014	Date of Injury:	01/27/2014
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This is a 44-year-old male with a 1/27/14 date of injury; mechanism of injury was a fall from scaffolding. The patient underwent C4-C6 ACDF and posterior decompression C3-T1 on 1/31/14. Per the latest progress note dated 9/16/14 it was stated that the patient was receiving home PT/OT and was working on standing balance; the patient was able to stand for 20 minutes without difficulty. The patient did not feel that he needed to continue his psychology counseling at that time. The note state that the patient had caregiver's help for 16 hours a day and that he needed assistance with bathing, toileting, eating, transfers and grooming. Exam findings revealed that the patient was alert and oriented x3, blood pressure of 118/65 and pulse of 73. Chronic facial asymmetry with left side face drop was noted. The diagnosis is closed fracture of C5-C7 level with unspecified spinal cord injury and incomplete C5-C7 quadriplegia, late effect of spinal cord injury, urinary incontinence. Treatment to date: physical therapy, occupational therapy, rolling walker, Hoyer lift, wheelchair, power wheelchair, tub chair and medications. An adverse determination was received on 9/16/14 given that the assessment from the requesting provider was not submitted for the review and the tasks to be completed by the home aid was not considered as a medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) Registered Nurse Visit between 9/12/2014 and 10/27/2014:
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 HOME HEALTH SERVICES Page(s): 51.

Decision rationale: CA MTUS and ODG do not address Registered Nurse visit. Chronic Pain Medical Treatment Guidelines state that 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 aides like bathing, dressing, and using the bathroom when this is the only care needed. The progress notes indicated that the patient was receiving home PT/OT and that the patient had caregiver's help for 16 hours a day. However, there is a lack of progress notes from the requesting physician and there is no rationale with clearly specified goals from a Registered Nurse visit. Therefore, the request for Registered Nurse visit between 9/12/2014 and 10/27/2014 is not medically necessary.

Prospective request for one (1) Home Health Assistant (24 hours per day) between 9/12/2014 and 10/27/2014: 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 HOME HEALTH SERVICES Page(s): 51.

Decision rationale: CA MTUS and ODG do not address Licensed Practical Nurse visit. Chronic Pain Medical Treatment Guidelines state that 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 aides like bathing, dressing, and using the bathroom when this is the only care needed. The progress notes indicated that the patient was receiving home PT/OT and that the patient had caregiver's help for 16 hours a day. However, there is a lack of progress notes from the requesting physician and there is no rationale with clearly specified goals from a Licensed Practical Nurse visit. Therefore, the request for Licensed Practical Nurse visit between 9/12/2014 and 10/27/2014 is not medically necessary.