MAXIMUS Federal Services

Case Number:	CM14-0183749		
Date Assigned:	11/10/2014	Date of Injury:	05/29/2006
Decision Date:	12/16/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/04/2014

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 and is licensed to practice in New Jersey and New York. 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 49 year-old male who was injured on 5/29/06 when he was beaten and sustained multiple facial lacerations, broken nose, and teeth. He lost consciousness and could recall details of the assault. He was assaulted again on 4/22/10, requiring dental/endodontic/oral surgery with root canals. He lost the sense of smell and has diplopia on right lateral gaze. He currently suffers from difficulty concentrating and memory issues. He complains of daily headaches, neck pain, tingling in hands, bilateral shoulder pain, difficulty sleeping, and teeth problems. On exam, he had a wide-based gait, slightly tender neck and back, normal strength and sensation with equal reflexes. A 3/2014 cervical MRI showed moderate to severe spinal canal stenosis at C4-C5 secondary to disc osteophyte complex and mild spinal canal stenosis at C3-C4 and C5-C6 secondary to mild diffuse disc bulges. He was diagnosed with post-traumatic head syndrome with abnormal neuropsychological testing, post-traumatic stress disorder, post-traumatic cervical spine canal stenosis. His medications included busprione, fiorcet, paroxetine, and sildenafil. Because the patient has difficulty in preparing and taking his medication, performing chores such as housekeeping and shopping and maintaining personal hygiene, there is a request for long term custodial care for three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Long term custodial home care 8 hrs/day 7 days per week 3 months: Upheld

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

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

Decision rationale: The request is considered not medically necessary as stated. According to MTUS, 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 patient was assaulted and sustained a traumatic brain injury eight years ago that resulted in functional and cognitive deficits. He had difficulty in preparing and taking his medication, performing chores such as housekeeping and shopping and maintaining personal hygiene. His wife currently provides custodial care to aide her husband. The current request is for 56 hours/week of custodial care which exceeds the weekly limit of 35 hours per week for care that his wife is currently providing. Therefore, the request as stated is considered not medically necessary.