

<b>Case Number:</b>	CM14-0047712		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37-year-old male, with an injury date on 09/02/2009. Based on the 02/20/2014 progress report provided by [REDACTED], the patient presents with post concussion syndrome with cognitive deficits, neck and back pain. The diagnoses are: Post-concussion syndrome with cognitive deficits and frequent tinnitus; Headaches/migraines after the concussion; Status post multiple cranial and facial fracture with apparent right temporomandibular joint (TMJ) syndrome; Chronic cervicgia (neck pain); Chronic back pain; Rule out bilateral cervical radiculitis; Sciatica; Lumbar degenerative joint disease (DJD) and spondylolisthesis; Right shoulder Impingement syndrome; Apparent fall risk due to ambulatory deficits; Pain-related Insomnia; Pain and situational depression/anxiety; and Post traumatic visual disturbance involving right eye. An exam on 02/20/2014 reveals intermittent lateral nystagmus on the extra-ocular movement test. There is tenderness at the bilateral temporal regions, right parietal region of the cranium, and right TMJ. Jaw opening is apparently 40-50% reduced. There is a positive impingement sign of the right shoulder, and there is positive supraspinatus motor testing. Cervical, thoracic, and lumbar spine was tender to palpation; range of motion was moderately reduced. The utilization review determination, dated 03/18/2014, is being challenged. [REDACTED] is the requesting provider, and he provided treatment reports from 10/31/2013 to 06/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHTEEN (18) HOURS OF CUSTODIAL CARE:** 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, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services) and section 50.7.

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

**Decision rationale:** This patient presents with post concussion syndrome with cognitive deficits, neck and back pain. The treater has asked for "16-18 hours of custodial care to assist the patient with hygiene, meal preparation, cleanup, laundry, grocery shopping, and/or supervision and companionship to cure or relieve the effects of the industrial fall and injury." The 01/15/2014 and 02/20/2014 reports, indicated the "patient had moderate impairment in ability to comprehend and follow instructions, performing simple and repetitive tasks, maintaining a work place appropriate to a given workload, ability to make generalizations, evaluations or decisions without immediate supervision and ability to accept and carry out responsibility for direction, control and planning." Per the treater, the patient "has a significant decline in his function with activities of daily living and increase in his depression and anxiety" and the patient is unsafe to be alone at home due to his cognitive deficits and psychiatric issues. The patient is currently using a Rollator walker for home and community ambulation. Regarding the provider's request for home care, the Chronic Pain Guidelines recommend medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, and medical treatments. This patient suffers from brain injury with cognitive deficits and may require some home help. For sixteen to eighteen (16-18) hour care, there needs to be documentation of safety issues, and whether or not the patient is safe being left alone. Documentations are needed regarding self-care as well, whether or not the patient can dress, bath, shower, feed, transfer on own. If the patient is not able to self-care and requires constant monitoring for safety, sixteen to eighteen (16-18) hours of care may be warranted. However, the request of regarding house care such as meal prep, cleanup, laundry, etc. It is questionable why these house chore activities would require sixteen (16) hours of help every day. A home visitation nurse evaluation may be helpful in determining what the exact needs are. The request is not medically necessary.