

Case Number:	CM14-0052030		
Date Assigned:	07/07/2014	Date of Injury:	03/14/2010
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational 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:

The patient is 44-year-old male who has submitted a claim for stroke secondary to traumatic dissection of the internal carotid artery, chronic common migraine with intractable migraine, epilepsy and recurrent seizure disorder, left hemiplegia and depression associated from an industrial injury date of March 14, 2010. Medical records from 2011-2014 were reviewed, the latest of which dated July 1, 2014 revealed that the patient continues to have severe headaches with occasional nausea and localized paresthesia. He is experiencing decreased range of motion with localized pain. The patient presents with sudden onset of constant episodes of moderate left eye visual disturbance, described as loss of peripheral vision. His symptoms are caused by migraine headache. On physical examination, there is left upper extremity weakness with loss of movement. He is unable to grasp with left hand. The patient is disoriented to time. Treatment to date has included right decompressive craniectomy, durotomy and dural graft (7/2/10), and medications, which include oxcarbazepine, amitriptyline, aspirin, Butrans patch, Cymbalta, Fentanyl, methylprednisolone, Norco, oxcarbazepine, Temazepam, verapamil, Vicodin and Impact. Utilization review from April 1, 2014 denied the request for in home supportive service Monday-Friday 8am to 5pm for 3 months because it is not medically reasonable and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home supportive service Monday -Friday 8am to 5pm X 3 months: 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: As stated on page 51 of the CA MTUS 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. In this case, in home supportive service was requested to monitor him for seizures since his wife is unavailable for 5-6 hours during the day because of work-related duties. However, request exceeds the guideline recommendation of 35 hours a week. Moreover, guidelines recommend home health aid services on an intermittent basis only. Therefore, the request for In home supportive service Monday-Friday 8am to 5pm for 3 months is not medically necessary.