

Case Number:	CM14-0056787		
Date Assigned:	07/09/2014	Date of Injury:	02/15/2010
Decision Date:	11/21/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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:

There were 110 pages provided for this review. It was for home health services modified to allow for a home health aide five days a week, four hours a day of home health services with a reevaluation after 2 to 3 months. The application for independent medical review was signed on April 28, 2014. There was a peer review clinical report from April 16, 2014. The claimant is a 49-year-old male who was injured on February 15, 2010. He fell from a height of 12 to 15 feet and sustained a spinal cord injury and subsequent paraplegia. A neurologic reevaluation completed on April 3, 2014 stated that the patient's decubitus on the left buttocks had healed and his wounds on the left foot have also healed. He fell again in the bathroom on March 6 hitting the left foot laceration. He had been applying a plant from Mexico the reportedly helped the healing. He has seen a podiatrist. No additional recommendations were provided. He was unable to complete authorized physical therapy due to an infection in the leg. He had a left foot cellulitis with ulcerations and a fracture of the first balance of the left foot. The MRI of the left foot confirmed for fracture. He has been exercising at the gym 4 to 5 times a week. Medicines include gabapentin, escitalopram, Cipro, vitamin D, ibuprofen, cephalexin, Caverject and Celebrex. He is left at home alone to take care of himself while residing in a hotel with his wife and children [REDACTED]. His self-care has resulted in multiple falls the patient attempted to take showers, perform personal hygiene and while attempting to cook spilling hot oil on his groin. He had several falls resulting in had trauma. The patient had a recent home health attended evaluation which recommended it five days a week for hours a day due to his difficulties with activities of daily living. The recommendation was to modify the request for five days a week four hours a day with a reevaluation after 2 to 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services 2 units/days modified to 1 units/days: Overturned

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: Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for at least medical services. He is paraplegic. In this case, it is clear that home health care service are needed; to this reviewer, the modification difference is not clinically significant enough to say the service is not needed. I would endorse this request as it was presented above. The request is certified, and the decision is reversed.