

Case Number:	CM14-0078827		
Date Assigned:	07/18/2014	Date of Injury:	03/30/2012
Decision Date:	09/10/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 47-year-old with a reported date of injury of 03/30/2012. The patient has the diagnoses of cervical spinal cord injury with Brown-Sequard syndrome, neurogenic bowel and bladder, meniscal tear of the right knee and traumatic brain injury. Per the progress reports provided by the primary treating physician dated 04/14/2014, the patient had complaints of continued right knee pain. Physical exam noted no significant changes from previous exam. Treatment recommendations included planned arthroscopic knee surgery. Per progress notes from the rehabilitation physician dated 03/19/2014 the patient had complaints of continued pain and uncontrolled spasm on the left side. Physical exam noted continued myoclonus and spasticity in the left upper extremity and lower extremity. Treatment recommendations included home health care and motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 5 hours per day for 7 days for the next 6 months then re-evaluate:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines- at www.odg-two.com Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on home health care states: 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 meets criteria set forth above and the requested time does not exceed 35 hours per week and this request is medically necessary.