

Case Number:	CM14-0081334		
Date Assigned:	09/22/2014	Date of Injury:	11/12/2009
Decision Date:	10/24/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 injured worker is a 44-year-old male who reported an injury on 11/12/2009. While at work, he fell off a scaffolding about 12 feet to the concrete floor, where he sustained an epidural hematoma, subarachnoid hemorrhage, a basilar skull fracture, parietal skull fracture with depression, an orbital wall fracture, and a right global entrapment. The diagnoses included cognitive disorder secondary to traumatic brain injury, major depressive disorder single episode with psychotic feature, male hypoactive sexual desire, and personality changes due to a traumatic brain injury. Prior diagnostics included a CT scan of the head and x-rays. The medications included trazodone, Zoloft, Depakote, and Norco. The injured worker described pain to the head, back, right shoulder, and upper right extremity. He requires assistance with activities. His caregiver is his spouse. The evaluation dated 03/02/2014 for the functional home assessment indicated that the injured worker was independent with grooming, mobility, and ambulation. Oral care is independent. Dressing is modified independent. Toileting is modified independent. Bathing is a minimum to maximum assist. Eating is modified independent. Simple home chores are mod assist. Advanced home meal preparation skills are max assist, dependent. Money managing is modified dependent to dependent, and medication is dependent. The treatment plan included home health care supervision 16 hours a day 7 days a week for 6 months. The Request for Authorization dated 05/29/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care supervision 16 hours a day, 7 days a week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Home Health Care Supervision 16 Hours A Day, 7 Days A Week for 6 Months is not medically necessary. The California MTUS recommends medical treatment for injured workers who are home bound 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 that is needed. The clinical notes indicated that the injured worker's wife is his caretaker, stays with him 24/7, provides his meals, and assists him with his daily living. The injured worker is not home bound and is able to ambulate. He ambulates inside and outside, going for daily walks. As such, the request is not medically necessary.