

Case Number:	CM14-0096403		
Date Assigned:	07/30/2014	Date of Injury:	10/28/2013
Decision Date:	12/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 Practice, and is licensed to practice in Alabama, Mississippi, and Tennessee. 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 49 year old male who reported an injury on 10/28/2013. The mechanism of injury was reportedly an assault. His diagnoses included traumatic brain injury, visual impairment, headaches due to trauma and vestibulopathy. His past treatments included physical therapy, occupational therapy, speech therapy and day program. Diagnostic studies were not provided. The injured workers surgical history included a bilateral cranioplasty, on 10/28/2013. A clinical note dated 07/15/2014 indicated that the injured worker complained of impaired cognition, decreased short term memory, decreased focus, decreased attention, decreased problem solving abilities, impaired balance, headaches, paresthesia and neck pain. Upon further examination of the cranium, the injured worker was noted to have tenderness to the left occipital area with hardware protrusion, mild disconjugate gaze, impaired vision, imbalance, and impaired short term memory. His medication regimen included Ambien, Tramadol, and Norco since at least 08/11/14. According to the 07/01/2014 progress note, the treatment plan included recommendations for continuation with the Day Program 5 days/wk X 4 more weeks, with male caregivers only, and possibly a residential program. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Certified Home Health Aide (CHHA) 24 hours/day x 9 weeks, RN supervisory every 30-60 days x PRN: Upheld

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

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

Decision rationale: The request for Certified Home Health Aide (CHHA) 24hours/day x 9 weeks, RN supervisory every 30-60 days x prn is not medically necessary. The injured worker suffered a brain injury. The California MTUS Guidelines recommend home health services for medical treatment for patients who are home-bound and only on a part-time or intermittent basis with generally up to no more than 35 hours per week. The clinical documentation submitted for review indicated that the injured worker lived with his sister, but attended a day program. The documentation does not demonstrate that the injured worker is "home-bound" on a part time or intermittent basis. Additionally, the request for a home health aide 24 hours per day exceeds the guideline recommendation of 35 hours per week. Additionally, the requesting physician did not indicate what medical treatments the injured worker required within their home. As such the request is not medically necessary.