

Case Number:	CM14-0119444		
Date Assigned:	08/06/2014	Date of Injury:	10/29/1990
Decision Date:	01/02/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 72 year old male with a history of right hemiparesis due to a cardioembolic stroke. He sustained a T1 fracture from a fall for which he was hospitalized last April, developed acute atrial fibrillation with a rapid ventricular response, and then had alcoholic withdrawal, agitation and a cardioembolic stroke for which he was fully anticoagulated. He was wheelchair bound and needed maximum assistance with tub transfers, grooming and personal cares, dressing, and contact guard assistance with standing and toileting. He was incontinent and unable to follow commands. The disputed issue is a request for home health aide assistance 24 hours a day, 7 days a week, for 6 months. This was partially certified by Utilization Review to 4 hours per day 7 days a week for 2 weeks. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

HHA - Home Health Aide - 24 Hours a Day, 7 Days a Week for 6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services 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 personal care given by home health aides such as bathing, dressing, and toileting when this is the only care needed. Based on the above the request for a home health aide 24 hours a day, 7 days a week for 6 months is not medically necessary per guidelines.