

Case Number:	CM14-0131179		
Date Assigned:	09/19/2014	Date of Injury:	03/05/2010
Decision Date:	01/22/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/17/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/05/10 when, while riding a Go Kart at a company event, he sustained a carotid artery dissection and CVA as a result of a whiplash injury. He underwent a craniotomy on 03/06/10. Subsequent treatments included acute level rehabilitation and transitional care unit. In July 2010 he developed seizures. Treatments included occupational therapy. The claimant has left hemiparesis. He lives at home with his spouse and receives personal care assistance. Weekly care records reflect services provided 1-2 days per week. He was seen on 03/20/14. He was in a wheelchair. He was being tapered from Topamax and had not had seizures. He had ongoing left upper extremity weakness. Physical examination findings included mild inattention. There was a mild facial droop. He had increased left upper and lower extremity muscle tone with limited movements. He was noted to wear an ankle foot orthosis. Medications were prescribed. There was consideration of an adult day program. On 06/20/14 he was accompanied by his wife. There was a normal mental status examination. He had increased left upper and lower extremity muscle tone. He had right upper extremity weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Hour care x seven (7) days a week for the rest of the patient's life: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders): Home health services

Decision rationale: In terms of recovery, most recovery occurs in the first six to 12 months. However, recovery can extend beyond one year, and neurologic recovery continues for perhaps up to two years. Therefore, the claimant's residual deficits are likely permanent. Home health services are recommended only for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. In this case, although home health services are indicated, the need for 24-hour care is not medically necessary.