

Case Number:	CM14-0139608		
Date Assigned:	09/05/2014	Date of Injury:	12/14/2004
Decision Date:	05/15/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 16 year old male, who sustained an industrial injury on 12/14/04. The injured worker has complaints of headaches and his decreased function due to recurrent neurocysticercosis which causes hydrocephalus. The diagnoses have included T7 spinal cord injury; neurogenic bowel and bladder. The documentation noted that the injured worker has had recurrent urinary tract infections. The documentation noted that he injured worker had a gym membership that has expired and that now he is basically wheelchair dependent. The request was for hoyer lift and caregiver 4-6 hours a day for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hoyer Lift: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment is requested to assist with transfers and in case of falls. The patient has T7 spinal cord injury. This request meets medical necessity and therefore is certified.

caregiver 4-6 hours a day for 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain; regarding home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services. Recommended only for otherwise recommended medical treatment for patients 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 needed. (CMS, 2004) Home health services are recommended for patients who are home bound. The patient is home bound and therefore the request is certified as it is not in excess of recommendations.