MAXIMUS Federal Services

Case Number:	CM14-0191926		
Date Assigned:	11/25/2014	Date of Injury:	10/11/1996
Decision Date:	01/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 10/11/1996. Mechanism of injury was not documented. Patient has diagnosis of dementia, Parkinson's, recurrent hip dislocations, lumbar radiculitis, post multiple low back surgeries and post multiple hip surgeries. Medical reports reviewed. Last report available until 11/28/14. Letter from provider dated 11/28/14 specifically deals with these requests. Letter by provider states that patient is post several spine and hip surgery and has significant dementia. Patient then had noted R shoulder fractures from X-rays/CT scans done on 9/27/14 and 9/28/14. Surgery was appropriately refused by wife. Patient was discharged to a nursing facility with a sling. Patient has significant behavioral and psychiatric problems with attempts to wean patient down from his medications leading to belligerence and agitation. Patient was forced to be transferred to a mental health facility. Patient also has right hip recurrent dislocation leading need for another surgery. Patient is reportedly now no longer able to ambulate due to removal of artificial hip joint. A neurosurgeon, psychologist and Orthopedist note that patient's mental status and function has deteriorated where spouse is no longer able to care for patient. Spouse also has several significant medical issues hampering care of the patient.Patient is on Cymbalta, Aricept, Seroquel and Ability. Patient is on Endocet for pain. Patient is also on heart and blood pressure medicines. Independent Medical Review is for 24hours convalescent care/assisted living/nursing home care on permanent basis and electric/adjustable hospital bed. This review will assess the medical necessity as per evidence based guidelines of the requested service. It is up to the patient, provider, lawyers and insurance company to determine if the underlying disease is associated or caused by the injury claim or if it is covered, this review does not take sides in that issue. Prior UR on 11/10/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

24-Hour convalescent care/assisted living/nursing home care on a permanent basis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Directors' Association (AMDA) article Dementia in the Long Term Care Setting, 2012, 47 p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California Department of Health Care Services; Medi-Cal Manual of Criteria; Chapter 7: Criteria for long-term care services

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines does not have any relevant sections related to this issue. Criteria from California Department of Health Care Services, Medi-Cal manual of criteria were reviewed. Review of criteria reveals that patient meets the basic criteria for skilled nursing care. Nursing home care/convalescent care is medically necessary.

One electric/adjustable hospital bed: Upheld

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 Official Disability Guidelines (ODG) Knee and leg, Durable Medical Equipment (DME)

Decision rationale: This request falls under Durable Medical Equipment. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Durable Medical Equipment (DME) may be recommended under certain criteria. It is unclear why an adjustable bed is medically necessary for the patient since the patient is not able to ambulate and plan is for placement in a nursing facility which should have its own adjustable beds. Being able to adjust the bed is mainly for patient's comfort and convenience and does not decrease the risk of decubitus ulcers or fall risk which is supposed to be managed by a nursing facility staff. Electric bed is not medically necessary.