

Case Number:	CM14-0197523		
Date Assigned:	12/05/2014	Date of Injury:	03/06/2014
Decision Date:	02/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 51-year-old male who reported an injury on 03/26/2014. The mechanism of injury reportedly resulted from the injured worker being kicked in the head by a horse. His diagnoses include a history of traumatic optic neuropathy on the left, status post enucleation, significant visual impairment in the right eye due to a traumatic cataract. Past treatments include medication and surgery. His surgical history was noted to include repair of a retinal tear in the right eye performed in 10/2014, resection of traumatic cataract in the right eye in the summer of 2014, enucleation on the left eye performed in the summer of 2014, and ORIF of facial fractures performed in 03/2014. Clinical documentation dated 10/30/2014 indicate the patient presented for a routine followup for legal blindness due to being kicked in the head by a horse, chronic kidney disease, anemia due to chronic kidney disease, and likely GI bleed, and type 2 diabetes and rash. Physical examination revealed the patient was able to transition independently from seating to standing and active range of motion was intact in the bilateral shoulders in forward flexion, abduction, and internal rotation. It was noted that the right pupil was unresponsive to light and peripheral vision was intact in approximately 20 degrees to 80 degrees of field of vision on the right; however, the patient is still blurry. Extraocular movements were not tested. Cranial nerves II - XII were otherwise grossly intact. Current medications were noted to include Lacrilube topical to eye twice a day, Metronidazole 0.75% topical to face twice daily, NovoLog insulin sliding scale, Norvasc 10 daily, Rocaltrol 0.25 mcg daily, PhosLo 667 mg 3 times a day, Coreg 6.25 mg 2 times a day, Catapres 0.1 mg 2 times a day, Lotrimin 1% twice a day topical to feet, Colace 250 mg twice a day, Epogen 10,000 units subcu every Tuesday, Thursday, and

Saturday, erythromycin to the left eye twice a day, Pepcid 20 mg daily, Slow iron 140 mg daily, Prozac 10 mg daily, levothyroxine 50 mcg daily, Claritin 5 mg daily, clobetasol 0.05% topical twice daily. Treatment plan included a request for a new cane, request for a left eye prosthesis, and the request for supervision 24 hours 7 days a week. There is no clear rationale as to the medical necessity of the request; however, the request for authorization form dated 11/05/2014 was included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

111 SUPERVISION 24HRS/7DAYS A WEEK: Upheld

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

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

Decision rationale: The request for supervision 24 hours/7 days a week is not medically necessary. The California MTUS Guidelines recommend home health services only 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 homemaker services such as 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. Clinical documentation indicated that the injured worker is completely blind in the left eye and legally blind in the right eye with some retained visual perception. There is a lack of a clear rationale as to the medical necessity for the request. The treating physician failed to provide clinical documentation to show the patient demonstrated significant functional deficit, exceptional factors, or physical exam findings that would indicate the request for supervision constituted medical treatment services. In the absence of this information, the request is not supported. As such, the request for supervision 24 hours 7 days a week is not medically necessary.