MAXIMUS Federal Services

Case Number:	CM14-0205318		
Date Assigned:	12/17/2014	Date of Injury:	06/11/1980
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 06/11/1998. The date of utilization review under appeal is 11/25/2014. The treating diagnoses include concussion with loss of consciousness/without return to prior conscious level, and also Alzheimer's dementia. On 11/25/2014, a treating neuropsychology PR-2 note reported that the patient was seen in followup regarding dementia and cerebral contusion. The psychologist noted that homecare and housekeeping assistance were denied; the psychologist noted that the prior utilization review indicated that since the patient could attend gym therapy and could be transported, the patient did not qualify for home care. The psychologist noted that the patient's Hamilton score was consistent with a severe level of anxiety and that the patient had substantial memory deficits. The psychologist opined that the patient was at extreme risk of further injury if home activities of daily living assistance were no longer provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 6 hours daily Mon-Sat: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on home health services, page 51 states that home health services are recommended only for patients who are home bound. Moreover that guideline states that home health services do not include personal care such as bathing, dressing, and using the bathroom when this is the only care needed. This situation is discussed currently by the treating psychologist appears to be the specific situation excluded in the guidelines, which is that the patient needs assistance for personal care/activities of daily living, but does not need assistance for specific medical needs. If the treating psychologist feels that the patient is at extreme risk of injury without such assistance, then it may be appropriate to explore appropriate avenues of treatment such as 24-hour custodial care. However, the medical records do not meet the guideline criteria for medical home health services. This request is not medically necessary.