

Case Number:	CM14-0208178		
Date Assigned:	12/22/2014	Date of Injury:	07/09/2013
Decision Date:	02/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 21-year-old male with a date of injury of July 9, 2013. Evidently, a large beam struck the injured worker on the backside causing a severe low back injury. The injured worker was discovered to have several vertebral fractures and fractured ribs. He underwent urgent open reduction and internal fixation from T 11 through L3 with decompression and laminectomy. As a consequence of the injury or perhaps the surgery the injured worker was functionally left as a T12/L1 paraplegic. He continues to have low back pain on the order of 5-6/10 but has no neurologic function below T12 and consequently no voluntary control of the bowels or bladder. The injured worker has spent a significant period of time in a residential rehabilitation facility and is preparing to transition to the home environment. A case working note from the physician dated 11-17-2014 stated that the injured worker will require 8 hours of attendant care daily when not participating in outpatient therapy, housekeeping and gardening assistance once weekly for 2-4 hours times 4 weeks with a follow-up reevaluation, and childcare for all times the patient is with his son. The issue at hand is a request for the services. Utilization review did not certify the requests as the date of discharge to home was not yet known. The injured worker is said to be a fall risk and is at risk for pressure ulcers and urinary tract infections. At the date of that note he is said to be a standby assist-moderate for activities related to the use of his stand-up wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home-Health Care Assistance-8 hours per day 4 hours in AM and 4 hours in PM times week with housekeeping, gardening, and childcare: Upheld

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

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

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to but 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. In this instance, the requested services essentially constitute three separate needs. First, a healthcare assistant has been requested for a period of time of 8 hours daily. It can certainly be argued that a paraplegic, such as the injured worker, has a medical need for such a service to prevent falling and to help guard against pressure ulceration. However, the requested service would constitute 56 hours of home health services per week. The referenced guidelines allow for up to 35 hours per week of home health services. Therefore, this service is not 'medically necessary' per the referenced guidelines. Next, housekeeping and gardening would rightly be considered homemaker services by the guidelines and as such are not medically necessary per the guidelines. Lastly, the request for an unspecified quantity of childcare services falls outside of the medical guidelines considered and therefore is not medically necessary. Therefore, Home-Health Care Assistance-8 hours per day 4 hours in AM and 4 hours in PM times week with housekeeping, gardening, and childcare is not medically necessary per the California Medical Treatment Utilization Schedule.