

Case Number:	CM14-0211062		
Date Assigned:	12/23/2014	Date of Injury:	01/13/2011
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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 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:

45 yr. old male claimant sustained a work injury on 1/13/11 involving the low back. He was diagnosed with a vertebral fracture and multiple rib fractures. He underwent a T10-L3 laminectomy and fusion in 2011. His injury categorized him as a L1 paraplegia Asia A. He developed a neurogenic bladder/bowel and obstructive sleep apnea. A progress note on 11/11/14 indicated the physician considered bladder augmentation to address continual urine leakage. CPAP was considered to be restarted for sleep apnea. Continuation of an attendant 4 hours in the morning and 4 hours in the evening were to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health : LVN for 4 hours in the AM, attendant for 3 hours in the PM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health 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 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 case, the claimant may need the home assistance however; duration and tasks to be performed by the attendants/home aids were not clarified. As a result, the request above is not medically necessary.