

Case Number:	CM15-0104851		
Date Assigned:	06/10/2015	Date of Injury:	09/06/2007
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 39 year old male, who sustained an industrial injury on 9/06/2007 when he was involved in a rollover motor vehicle accident. Diagnoses include quadriplegia. Treatment to date has included recent treatment at an acute rehab facility followed by a stay in a skilled nursing facility. Per the Primary Treating Physician's Progress Report dated 3/19/2015, the injured worker was ready to be transferred to a lower level of care from the skilled nursing facility in which he was residing. He has a large stage III pressure wound. His biggest barrier is noncompliance. The plan of care included home health care and authorization was requested for home health skilled nursing 24 hours/day, 7 days/week for prescription management, bowel program and wound care/suprapubic catheter community housing, wheelchair accessible extended stay motel close to family/support system 24 hours/day, 7 days/week and a Hoyer lift, hospital bed and air mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Community housing, wheelchair accessible extended stay motel close to family/support system, 24 hours a day, 7 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://caremeridiam.com>, Official Disability Guidelines (ODG) Neck and Upper back (Acute & Chronic) Skilled nursing facility (SNF) care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Skilled Nursing Facility Care.

Decision rationale: According to the ODG, skilled nursing care is recommended, if necessary, after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A Skilled Nursing Facility (SNF), has Registered Nurses who help provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises. In this case, the patient has been residing in an SNF. He was involved in a motor vehicle accident and sustained a cervical spinal cord injury. He has a history of quadriplegia and has had complications including, COPD, septic shock, urinary tract infections, multiple pressure-sores, including a Stage III pressure wound, constipation, and pneumonia. He has ongoing issues with noncompliance, wound-care, pain management, and he cannot do a self-bowel program or provide any self-care. To date, he requires 24-hour assistance. At this time, his condition still requires continued skilled nursing or long-term level-of-care services. There is no documentation indicating that he can live in community housing at this time. Medical necessity for the requested community housing has not been established. The requested services are not medically necessary.

Home health skilled nursing 24 hours a day, 7 days a week for prescription management, bowel program and wound care/suprapubic catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Skilled Nursing Facility Care.

Decision rationale: Home health services are recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound) and who require one or all of the following: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; and/or; (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with

administration of oral medications; and/or; (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. At this time, the patient's condition continues to require continued skilled nursing or long-term level-of-care services. This patient has an open wound (stage III pressure wound) that requires a prolonged SNF stay. Due to his non-compliance, the wound has never completely healed. In addition, justification for medical necessity of Home health services requires documentation of the expected kinds of services that will be required, with an estimate of the duration and frequency of such services. Therefore, there is no indication for the requested home-health nursing care 24-hours a day, 7 days a week. Medical necessity for the requested services has not been established. The requested services are not medically necessary.

Hoyer lift: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://1800wheelchair.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Skilled Nursing Facility Care.

Decision rationale: A hoyer lift allows a caregiver to transfer and lift a person with a minimum of physical strain or effort. At this time, the patient's condition continues to require a skilled nursing facility or long-term care level-of care-services. There is no documentation indicating that he can live in any community housing at this time. Therefore, there is no indication for the requested hoyer lift. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

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) Skilled Nursing Facility Care.

Decision rationale: At this time, the patient's condition still requires continued skilled nursing or long-term level-of-care services. There is no documentation indicating that he can live in any community housing at this time. There is therefore no indication for the requested hospital bed. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Air mattress: 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) Skilled Nursing Facility Care.

Decision rationale: At this time, the patient's condition still requires continued skilled nursing or long-term level-of-care services. There is no documentation indicating that he can live in any community housing at this time. There is therefore no indication for the requested air mattress. Medical necessity for the requested item has not been established. The requested item is not medically necessary.