

Case Number:	CM15-0106217		
Date Assigned:	06/10/2015	Date of Injury:	11/01/2014
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29 year old male patient who sustained an industrial injury on 11/1/14. The diagnoses include traumatic brain injury and paraplegia following spinal cord injury. He sustained the injury due to fall from 15 feet ladder. Per the doctor's note dated 5/6/2015, he is status post left cranioplasty on 4/22/2015. The physical examination revealed well healed surgical wound without evidence of infection. Per the discharge summary note dated 4/27/15, he had right sided weakness. Per the doctor's note dated 4/9/2015, he had poor right eye closure, right facial nerve palsy, neurogenic bladder, paraplegia and agitation. Physical examination revealed 5/5 strength in bilateral upper extremities and 0-1/5 strength in bilateral lower extremities. He was admitted for grand mal epilepsy on 3/31/2015. He had significant improvement during his stay at Learning services. The medications list includes cephalixin, cholecalciferol, docusate sodium, pantoprazole, guar gum fiber, heparin, eye drops, leviteracitam, multi vitamin, psyllium, senna and sodium phosphate. Previous diagnostic studies included a computed tomography, Doppler studies and magnetic resonance imaging. He has undergone left cranioplasty on 4/22/2015; T11-L3 decompression and fusion surgery on 11/13/2014 and left decompressive hemicranectomy on 11/1/2014. He has had occupational therapy, physical therapy, speech language therapy, recreational therapy and medication management for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

PCA for assist with ADLs, meal prep, daily hygiene 4 hours per day x 5 days a week, outpatient PT/OT/ST mobility strengthening ADLs cognitive strategies 2 hours per week:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services page(s) 51.

Decision rationale: PCA for assist with ADLs, meal prep, daily hygiene 4 hours per day x 5 days a week, outpatient PT/OT. This is a request for PCA, (patient care assistant). PCA was requested for assistance with ADLs, meal prep, daily hygiene 4 hours per day x 5 days a week, outpatient PT/OT. Per the cited guidelines, regarding home health services "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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." Patient had paraplegia after a significant fall. He is bedridden and has a history of neurogenic bladder. Per the records provided patient has recently undergone left cranioplasty on 4/22/2015. The need of a personal care assistant is medically appropriate and necessary in this patient. In addition, treatment without patient PT/OT after a brain surgery and in the presence of paraplegia with neurogenic bladder, is also medically appropriate and necessary. The request of PCA for assist with ADLs, meal prep, daily hygiene 4 hours per day x 5 days a week, outpatient PT/OT is medically appropriate and necessary for this patient.