

Case Number:	CM15-0138565		
Date Assigned:	07/28/2015	Date of Injury:	04/29/2000
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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: North Carolina

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:

The injured worker (IW) is an 81 year old female who sustained an industrial injury on 04-29-2000. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having cerebral infarction due to thrombosis of cerebral arteries. She has left sided paralysis. Treatment to date has included home health care, and a 24-hour caregiver and wheelchair for activities of daily living. In the visit of 05-19-2015, the worker is seen for late effects of cerebrovascular disease. She has multiple medical problems including diabetes, hemiplegia, peripheral vascular disease, degenerative joint disease involving multiple joints, and impairment of balance. As of 01-20-2015 the worker was given home health assistance 24 hours per day and 7 days a week due to her high risk of falls and injuries. She is on a soft mechanical diet due to high risk for pulmonary aspiration. In the 05-19-2015 visit she reported arthralgias, joint pain and swelling in the extremities. She reports weakness, confusion, memory loss, imbalance, or falling and difficulty with gait or walking. The injured worker has gone to an adult day care center since 2003 where she receives physical therapy for her affected limbs. There is reported an improvement in active range of motion exercises to strengthen stroke impaired limbs. She has physical therapy and occupational therapy help with movement to bear her own weight in transfers. Her left arm continues to benefit from weight exercises to prevent muscle atrophy. She is able to help move her left arm a little to help in dressing and bathing. She is non-ambulatory. A request for authorization was made for the following: Adult day care, 4 hours daily Qty: 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adult day care, 4 hours daily Qty: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, SNF.

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

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states that skilled nursing care is indicated when the patient would benefit from the care. The patient has home health aide 24 hours a day and previous adult day care has not provided objective improvement for the patient. Therefore, the request is not medically necessary.