

Case Number:	CM15-0149474		
Date Assigned:	08/12/2015	Date of Injury:	05/15/2013
Decision Date:	09/11/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/31/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on 5-15-13. The injured worker was diagnosed as having cervical post-laminectomy syndrome, cervicogenic headache, late effect of traumatic injury to brain, spondylosis without myelopathy, and degeneration of thoracic intervertebral disc. Treatment to date has included C3-6 fusion and reconstruction, physical therapy, and medication. The treating physician noted the injured worker was unable to care for himself and his son stopped working to take of him. Currently, the injured worker complains of right sided neck pain. The treating physician requested authorization for family to provide daily assistance with activities of daily living

IMR ISSUES, DECISIONS AND RATIONALES

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

Family to provide daily assistance with ADLs (activities of daily living): 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 services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an intermittent basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. Utilization Review reasonably denied the request to allow for a home assessment by a registered nurse to bring further clarification as to the requirements and potential benefit of home care. Unfortunately activities of daily living in the absence of further medical treatment requirements in the home are specifically addressed by the MTUS guidelines as inadequate reasons for recommending home health assistance, but without clear evaluation of the home situation in this patient with history of traumatic brain injury, it is difficult to assess the safe level of family support that will benefit the patient. The initial request in this case is not considered medically necessary without further home evaluation.