

Case Number:	CM15-0168097		
Date Assigned:	09/08/2015	Date of Injury:	06/19/1981
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/26/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male, who sustained an industrial injury on June 19, 1981. The injured worker is currently diagnosed with post-traumatic seizure disorder, (not otherwise specified). Treatment to date has included medication. Currently, the injured worker experiences progressive memory loss, poor judgment and decreased executive functions. He also suffers from seizures, which are controlled by medication. He becomes irritable, has mood swings and verbal and physical outbursts. A note dated March 31, 2015 states he requires assistance with medications, finances, household chores and meal preparation. Assisted living (unknown) is requested to provide a safe living situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

unknown Assisted living: Overturned

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 Assisted Living: Aging in Place and Palliative Care. <http://www.medscape.com/viewarticle/481617>.

Decision rationale: According to Medscape, "All assisted living residences (ALRs) provide some supportive, personal, and health-related care for older adults whose needs cannot be safely or adequately met living at home but who do not require a nursing home level of care". The patient developed post traumatic seizure, memory loss with significant motor, visual and gait deficit. The patient cannot safely live at home without 24 hours assistance. He is eligible for assisted living and the request is medically necessary.