

Case Number:	CM15-0169820		
Date Assigned:	09/10/2015	Date of Injury:	01/03/2002
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 is a 64 year old male who sustained an industrial injury on 1-3-02 when he was involved in motor vehicle accident sustaining a closed head injury with traumatic brain injury. Diagnoses include traumatic brain injury; depressive disorder; organic mood disorder; transient memory loss; degenerative joint disease of multiple joints; dysphagia; gastroesophageal reflux disease. His mental issues involving depression, anxiety, memory loss are unchanged per 6-12-15 note but he is more aware of his deficits and is more frustrated. He has episodes of confusion and has difficulty functioning independently (per 3-4-15 note). His physical exam was unremarkable. Diagnostics include MRI of the brain (3-19-15) showing normal evaluation of the brain for the injured worker's age with no acute findings to account for the presenting symptoms, there is a persistent right mastoid air cell effusion; electroencephalogram (3-19-15) normal. Prior treatments included medications: Protonic, mesalamine, Lexapro, mirtazapine. The request for authorization dated 7-13-15 was for home health care 7 days per week 3-7PM for brain injury. The original utilization review dated 7-30-15 evaluated the request for home health care 7 days per week, 3-7PM for a brain injury and non-certified as it was not supported by current Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 7 days a week 3-7pm for brain injury: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California MTUS section on home health states: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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. (CMS, 2004) The review of the provided medical records show that the patient meets criteria as cited above and the request is medically necessary.