

<b>Case Number:</b>	CM15-0184847		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old male who sustained an industrial injury on September 3, 2013. Diagnoses have included closed head injury with loss of consciousness, post-traumatic head syndrome, fractured nasal bones, subdural hematoma, facial fractures, subarachnoid hemorrhage, left eye vision change, hearing loss, acute respiratory failure following trauma but resolved, facial neuropathy, encephalomalacia, cervical spinal stenosis, and cervicgia. Physician referenced a previous MRI of unknown date showing lipping at C5-6, osteophyte complexes at multi-levels, bulging C7-T1 to T3-4 discs; and, dexoscoliosis. On 5-17-2015, he had an electroencephalogram interpreted as "normal." Documented treatment includes physical therapy in 2013, 6 sessions of chiropractic care, neuropsychological treatment, cognitive behavioral therapy, brain games, and medication including Tizanidine HCL, Ibuprofen, Tylenol, and Flonase for help breathing through the right nostril. The injured worker has been reporting neck pain, persistent headache pain rated as 4 out of 10, sinus problems, and numbness in the fingers and teeth. On 7-30-2015, the physician's note states the objective examination revealed "normal range of motion with good flexion, extension, and rotation" with extremities. Neurologic exam showed him to be awake and alert with no focal, meningeal or cerebellar signs. The injured worker continues to present with cognitive complaints, headaches, and neck pain. The note of 6-4-2015 states he is "totally incapacitated and in need of ongoing care." Also noted was sensory loss including slow responses. His wife has been his sole caregiver but is reported in the 7-30-2015 note to be "becoming fatigued and needs help." Specific types of care giving provided are not discussed in the documentation. The treating physician's plan of care includes a request for in home care evaluation, but this was denied 8-17-2015. Current work status is temporarily totally disabled and hasn't worked since his injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**In Home Care Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders): Home health services.

**Decision rationale:** The claimant sustained a work injury in September 2013 and is being treated for injuries as the result of a traumatic brain injury when he was struck in the head by a tree that was being felled. He was hospitalized for 9 days before being discharged home. An AME was done on 08/11/15. Impairment of executive function had been determined through consideration of test results including imaging and cognitive testing. When seen, he was having persistent headaches, neck pain, numbness of the fingers and teeth, and sinus problems. He was having severe eye pressure. His spouse was his caregiver. She was becoming fatigued and needed to return to her business. A home care assessment was requested. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant continues to be treated on an outpatient basis and is not home bound. When requested, there were no identified functional deficits that would require home health services. The claimant's injury occurred two years before and his neurological condition is not expected to change. The requested home care evaluation is not medically necessary.