MAXIMUS Federal Services

Case Number:	CM15-0190751		
Date Assigned:	10/02/2015	Date of Injury:	01/12/2015
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 54 year old male, who sustained an industrial injury on 1-12-2015. He reported multitrauma including the face, head, neck, shoulder, and upper extremity due to a twelve-foot fall from a truck resulting in traumatic brain injury. Diagnoses include multitrauma with traumatic brain injury, posttraumatic headaches, emotional lability and mood dysregulation, vestibular dysfunction, right shoulder impingement, rotator cuff tear, depression, insomnia, left wrist pain, cervical disc degeneration, double vision and visual deficits. Treatments to date include a multidisciplinary residential treatment program and medication therapy. Currently, he reported some improvement overall with improved headaches and right shoulder pain. The provider documented ongoing cognitive dysfunction, emotional lability, left hand pain and distractibility. The records indicated he currently resides in a treatment facility receiving physical therapy, occupational therapy, and neuropsychology and discussions regarding discharge needs including the need for twenty-four hour care and supervision as well as skilled care for medication administration three times a day. The provider documented obstacles regarding showering safely and specific reasons for family involvement. On 8-25-15, the physical examination documented tenderness with palpation to the left wrist and pain with range of motion as well as nodules noted on the digits of the left hand. The plan of care included requesting home services to allow discharge from a residential treatment program. The appeal requested authorization for one three hours of nursing care (skilled care) each day with three one-hour blocks throughout the day. The Utilization Review dated 9-3-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 3 hours of nursing care (skilled care) each day with three 1 hour blocks throughout the day: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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

Decision rationale: Per MTUS CPMTG with regard to home health services: 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)Per the documentation submitted for review, the injured worker is currently in a residential program. It is noted that the injured worker is unable to administer his own medications safely or appropriately with any consistency. I respectfully disagree with the UR physician's denial based upon the impracticality of the injured worker's transition from residential program to a day treatment type of program. Given that the injured worker cannot administer his own medication, and family members are unable to adequately care for the claimant, the request is medically necessary.