

Case Number:	CM15-0195496		
Date Assigned:	10/09/2015	Date of Injury:	06/14/2014
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male injured worker suffered an industrial injury on 6-14-2014. The diagnoses included non-displaced sternal fracture, T9-L2 fusion, T11 paraplegia, neurogenic bowel and bladder, head trauma and cognitive impairments. On 8-6-2015, the treating provider reported the injured worker has T11 paraplegia. He was unable to dress or bath the lower body, clean up after incontinence of bowel or bladder, assist in uneven transfers and house hold chores. The injured worker had tried multiple compensatory techniques to be able to reach the rectum and was unable. The provider noted a skilled nurse was needed to provide bowel program if inserting a suppository and performing digital stimulation in the rectum to evacuate the stool along with needed wound care for left thigh burn. Request for Authorization date was 8-3-2015. The Utilization Review on 9-17-2015 determined modification for Home health care x 36 hours/per week times one (1) year to duration of 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care x 36 hours/per week times one (1) year: Overturned

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

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

Decision rationale: The current request is for home health care x 36 hours/per week times one (1) year. The RFA is dated 09/15/15. Treatment history include decompression fusion (06/14/14), physical therapy, and medications. The patient is totally disabled. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per report 08/06/15, the patient suffers from T11 paraplegia. He was previously at a Transitional Living Center, and has transferred home. He continues to struggle with dressing or bathing the lower body, and clean up after incontinence of bowel or bladder. The treater states that he requires assistance transferring and with some household chores. The patient tried multiple techniques for using the suppository, and was unable to reach the rectum. The provider noted a skilled nurse was needed for inserting suppository and wound care for the left thigh burn. The Utilization review modified the request from 1 year to 3 months. This patient is paraplegic and requires medical attention at home. MTUS supports such requests for patients that are home- bound and requires assistance with ADL's, as well as medical treatments. Therefore, this request is medically necessary.