

Case Number:	CM15-0026176		
Date Assigned:	02/18/2015	Date of Injury:	01/27/2014
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male who sustained an industrial fall from a scaffold resulting in C4 and C7 fractures with spinal cord injury on January 27, 2014. The injured worker underwent a cervical fusion C4-6 with posterior decompression from C3-T1 on January 31, 2014. The injured worker is quadriplegic utilizing a manual wheelchair in home and powered device for outside activity. He has a history of deep vein thrombosis and bilateral pulmonary emboli and is treated with Coumadin. According to the primary treating physician's progress report the injured worker's neuropathic body pain has resolved but continues to have spasticity of the right hand and fingers worse in the morning and requires assistance with routine activities of daily living, intermittent self catheterization for neurogenic bladder, transfers and enemas for bowel control program. Currently his spouse assists the injured worker and a home nurse assists with catheterization although the patient also uses a urinal successfully. The injured worker is on multiple medications. The treating physician requested authorization for caregiver 8 hours per day. On January 21, 2015 the Utilization Review denied certification for caregiver 8 hours per day. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Caregiver 8 hours per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation home health services

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an "intermittent" basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. In this case the supplied records give no indication of treatment modalities being pursued as part of a home care plan. While the patient's current condition certainly seems to warrant possible home health services, greater explanation of medical care requirements beyond daily living aid should be outlined as his wife is able to administer enemas and it appears that the approved RN will be able to teach him to self-cath. It also appears that per the note dated 2/27/15 he is able to urinate into a urinal. It would be helpful to provide rationale as to why 8 hours of daily care was required instead of 7, as 8 hours per day is the equivalent of 40 hours weekly, exceeding the general guideline of 35 hours per week maximum. In the absence of further medical treatment requirements in the home as specifically addressed by the MTUS guidelines, the provided records are inadequate for recommending home health assistance at a frequency of 8 hours daily. Without a more detailed rationale to include other recommended medical treatments as a part of home care along with details regarding time required in excess of 35 hours per week, the request in this case is not considered medically necessary.