

Case Number:	CM15-0027618		
Date Assigned:	02/20/2015	Date of Injury:	01/13/2008
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 1/13/08. The injured workers spouse reported the injured worker was with decreased ability to perform activities of daily living. The diagnoses included Huntington's disease. Treatments to date include oral antipsychotic medications. In a progress note dated 12/4/14 the treating provider reports noted "wife is not able to care for him, needs assistance with daily activities." On 1/29/15 Utilization Review non-certified the request for home care; 3 hours per day, 5 days a week for 90 days. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 3 hours per day, 5 days a week for 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines managing delayed recovery Page(s): 91.

Decision rationale: The medical records provided for review do not indicate formal functional assessment in regard to whole person in support of objective determination of attendant care. The notes indicate diagnosis of Huntington's chorea which is a progressive neurologic degenerative disorder. The records do not indicate specific ADL's being an issue or indicate a formal assessment of needs in support of the requested therapy. As such, there is no objective support for the requested attendant care.