

Case Number:	CM15-0220111		
Date Assigned:	11/13/2015	Date of Injury:	02/13/2008
Decision Date:	12/24/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/10/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury 02-13-08. A review of the medical records reveals the injured worker is undergoing treatment for quadriplegia due to cervical spinal stenosis and cervical spine injury. Medical records (10-30-15) reveal the injured worker reports significant tone in the upper and lower extremities which is gradually increasing despite the Baclofen pump. Prior treatment includes participation in activities in the rehabilitation center including physical and occupational therapy. The treating provider reports the injured worker has been observed to fall asleep during the day while engaged in conversation or driving her power chair. When she falls asleep while driving her power chair, her hand pushed the toggle forward which causes her to run into objects. The treating provider reports the injured worker's mood has been observed to be brighter and more cheerful and she reports feeling better when she can engage in outings and craft activities. However she requires supervision when she is outdoors and staff is often unavailable for this one on one activity. The original utilization review (11-04-15) non-certified the request for a CNA to supervise the injured worker on community outings and avocational activities 12 hours per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CNA to supervise patient during community outings and avocational activities (cervical) up to 12 hours per week x 4 weeks: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, CNA to supervise patient during community outings and avocational activity (cervical) up to 12 hours per week times four weeks is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services that with an estimate of the duration and frequency. In this case, the injured worker's working diagnoses are cervical myelopathy resulting in spinal cord injury; and debility. Date of injury is February 13, 2008. Request for authorization is October 30, 2015. According to an October 29, 2015 progress note, subjective complaints are quadriplegia, incontinence of bladder and bowels chronic back pain and leg. Objectively, the documentation states quadraparetic, chronic UTI/nephrolithiasis and illegible. Documentation indicates the injured worker resides in a skilled nursing rehabilitation facility. The injured worker is already in a supervised rehabilitation facility and, as a result, there is no clinical indication or rationale for CNA to monitor the injured worker when the injured worker leaves the facility. Utilization review further indicates the rehabilitation facility accommodates the injured worker, when staffing allows. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and documentation indicating the injured worker already resides in a skilled nursing facility, CNA to supervise patient during community outings and avocational activity (cervical) up to 12 hours per week times four weeks is not medically necessary.