MAXIMUS Federal Services

Case Number:	CM15-0033061		
Date Assigned:	02/26/2015	Date of Injury:	11/14/2014
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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 58 year old male who sustained an industrial injury on 11/14/14. The injured worker reported symptoms in the neck and head. The diagnoses included concussion, post-concussion syndrome and neck strain. Treatments to date include oral analgesic medication, oral antiemetics, and activity modification. In a progress note dated 12/3/14 the treating provider reports the injured worker was with "headache, confusion, light sensitivity, blurry vision, hearing deficit, vertigo, nausea and vomiting." On 1/23/15 Utilization Review non-certified the request for Home healthcare assistance. 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 healthcare assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home healthcare.

Decision rationale: Pursuant to the Official Disability Guidelines, home healthcare assistance 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 will be required with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker's working diagnoses are concussion with loss of consciousness unspecified duration; sprain strain cervical; sprain strain lumbar; sprain strain shoulder; headache; and disturbance of vision. The documentation according to a progress note dated January 20, 2015 states the injured worker has difficulty with activities of daily living; however, the injured worker ambulates with a normal gait with normal weight bearing. There was no indication the injured worker is homebound. There is no clinical documentation to support the injured worker is homebound. There is no documentation indicating justification for medical necessity with objective deficits and the expected types of services that would be required. Consequently, absent clinical documentation with the injured worker homebound, home healthcare assistance is not medically necessary.