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| Case Number: | CM15-0035059 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 03/09/2009 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on March 9, 2009. He has reported thoracic 10 paraplegia and a right ischial stage IV pressure ulcer. The diagnoses have included status post wound debridement and status post posterior thigh flap for coverage surgery. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the IW complains of thoracic 10 paraplegia and a right ischial stage IV pressure ulcer. The injured worker reported an industrial injury in 2009, resulting in paraplegia at the thoracic 10 level and pressure ulcers. Evaluation on November 28, 2014, revealed infection/rule out osteomyelitis, epidural abscess and urosepsis. Evaluation in January, 2015, revealed pressure wounds to the ischial area with drainage noted. It was noted he recently was treated with wound debridement and surgical intervention of the wound. Continued nursing care was requested. On January 22, 2015, Utilization Review non-certified a request for a shower chair and 24/7 nursing for 4 weeks, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of requested shower chair and 24/7 nursing for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower chair Qty: 1: 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), Treatment in Workers Compensations, 7th Edition, current year (2009), Online Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee chapter- Bath chairs and pg 12.

Decision rationale: According to the ODG guidelines, Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Based on the guidelines and clinical history, the claimant's needs may be better suited in a facility setting. In addition, sitting on a shower chair can worsen pressure ulcers and therefore the request for a shower chair is not medically necessary.

24/7 Nursing (weeks), Qty: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case the claimant requires 24 hours coverage for a month. The amount requested exceeds the time allowed in the guidelines. The claimant's needs require prolonged nursing care and may be better suited in a facility setting. The request for 24/7 home nursing's is not appropriate and therefore not medically necessary.