

Case Number:	CM15-0048303		
Date Assigned:	03/20/2015	Date of Injury:	01/19/2006
Decision Date:	05/06/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/13/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on January 19, 2006. He was reported to have sustained a traumatic brain injury as well as multiple other injuries from falling from twenty feet above the ground, unable to live successfully at home due to residual neurobehavioral deficits. The injured worker was diagnosed as having traumatic brain injury secondary to industrial accident, major multiple trauma with multiple orthopedic issues, pituitary dysfunction related to the traumatic brain injury, sacroiliac joint dysfunction, thoracic radiculopathy with thoracic disk herniation, cervical disc disease, history of pelvic fracture, carpal tunnel release on the right, neurogenic bladder and bowel, diabetes, diabetic peripheral neuropathy, bilateral shoulder impingement syndrome, hypertension, and obstructive sleep apnea syndrome. Treatment to date has included a structured living environment with support services, CPAP, and oral and injected medications. Currently, the injured worker was noted to be residing at a transitional living center program on a long term basis because of his behaviors related to his traumatic brain injury, requiring a structured supportive living environment, otherwise he has a breakdown of his behaviors, with anger management issues. The Treating Physician's report dated January 7, 2015, noted the injured worker was unable to re-integrate successfully at home secondary to residual deficits of his brain injury, with weekend visits should be supervised to modulate his behavior as well as provide medication management at a skilled nursing level due to the need to monitor blood sugars, administer sliding scale insulin, and administer oral medication. The Physician noted that it was appropriate to allow the injured worker the least restrictive environment in which to engage his family and the community, to the extent that he is

able to do safely for the maintenance of quality of life, mood, and relationships. The Physician noted that when the injured worker was away from the structured living environment, he required 24/7 skilled care for the administration of medications, blood sugar monitoring, and behavioral modulation for his safety as well as the safety of his family and community.

IMR ISSUES, DECISIONS AND RATIONALES

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

126 days LVN care 24 hours per day 7 days per week: Upheld

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

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

Decision rationale: The patient presents with pain affecting the thoracic and cervical spine. The current request is for 126 days LVN care 24 hours per day 7 days per week. MTUS guidelines page 51 states, Home health services: "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 current request for 168 hours a week for 126 days far exceeds the 35 hours recommended by the MTUS guidelines. Therefore, this request is not medically necessary.