

<b>Case Number:</b>	CM15-0052732		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: North Carolina

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 35 year old male who sustained a work related injury January 19, 2006, after a twenty foot fall, resulting in a traumatic brain injury L1-L5 right-sided transverse process fracture, and right radial head fracture. He has memory difficulties learning new things more so than trying to remember past events. Past history also included diabetes, chronic neurogenic pain syndrome, fractures of the right distal fourth and fifth metacarpals and s/p lumbar spinal surgery L5-S1,s/p right arthroscopic knee surgery; s/p carpal tunnel release. A physician's progress note, dictated January 29, 2015, reveals assessment as traumatic brain injury; neurocognitive deficits related to traumatic brain injury; neurobehavioral deficits and personality changes; multiple trauma with pelvic fracture, sacroiliac joint disruption; diastasis of the pubis symphysis; right radial head and neck fracture; right wrist fracture; bilateral knee injury; right shoulder injury; thoracic and lumbar spinal injuries. According to physician's notes from the rehabilitation hospital, dated February 10, 2015, the injured worker requires 24 hour licensed vocational nursing care through April 30, 2015, for medication management, behavior management, and monitoring blood sugars.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance with Licensed Vocational Nurse with medication assistance, blood sugar monitoring and behavior: 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 Page(s): 51.

**Decision rationale:** The California chronic pain medical treatment guideline on home health services states: Home health services: Recommended only for otherwise recommended medical treatment for patients who are home bound, 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. Home health services are recommended for patients who are home bound. The patient is not home bound. Therefore the request is not medically necessary.