

Case Number:	CM15-0238475		
Date Assigned:	12/15/2015	Date of Injury:	06/02/2005
Decision Date:	01/19/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/07/2015

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 51 year old male who sustained an industrial injury on 6-2-05. A review of the medical records indicates he is undergoing treatment for left tibia plateau fracture, status post open reduction internal fixation of the left femur fracture with revision, status post left above the knee amputation, status post right above the knee amputation, C5 quadriplegia, neurogenic bowel and bladder, spasticity, history of buttocks decubiti, and history of urinary sepsis and kidney stones with suprapubic catheter. Medical records (8-27-15, 9-9-15, and 10-15-15) indicate that the injured worker complains of phantom pain and neuropathic pain from his spinal cord injury. The 8-27-15 record indicates that he has "stopped all his medications" and reports that he feels "more alert". He rates his pain "10 out of 10". He is using topical medications for pain. The records indicate that he is living at home, but "has not been able to get out because of problems getting out of the house and wheelchair problems". The provider indicates that he requires "24 hour attendant care" and that his family is providing his care. The 9-9-15 Qualified Medical Evaluation indicates recommendations of "home care, around-the-clock observance". The injured worker was evaluated for an interdisciplinary pain rehab program and was recommended. The physical therapy evaluation for that program indicates that the injured worker has "a significant loss of ability to function independently resulting from the chronic pain". He is noted to be dependent for all transfers and "has 24-hour assistance at home". The note indicates that he "spends most of his time in bed positioned with wedges and pillows to support him". The utilization review (11-25-15) includes a request for authorization of one caregiver. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 care giver: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the MTUS guidelines: 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 has limited mobility. The claimant had wounds. The request for a care giver is appropriate. However, the guidelines do not support more than 35 hours per week. The request for a care giver for 24 hours exceeds the guidelines amount and is not medically necessary.