

Case Number:	CM14-0123125		
Date Assigned:	09/18/2014	Date of Injury:	05/02/2014
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 5/2/14. A utilization review determination dated 7/28/14 recommends non-certification of a caregiver. The 5/19/14 medical report identifies that the patient has a history of trauma after MVA. He suffered multiple injuries including right distal femur fracture, tibial plateau fracture, posterolateral corner injury, tear of the LCL, biceps femoris, and ACL, fracture/dislocation of left ankle, right comminuted glenoid fracture, multiple lacerations, and likely right peroneal/tibial nerve injury. He underwent multiple surgeries during his hospital admission. The 7/18/14 report notes that the patient has DME including an AFO for the right foot, bath chair, bedside commode, and CPM/leg extender. He requires assistance with food preparation and has poor ability to perform lower body dressing, transferring, ambulation, preparing meals, and driving. There is mild ability to perform upper body dressing, bathing, and toileting, and moderate abilities with bed mobility, medication management, and using assistive devices. He is attending physical therapy and occupational therapy. The 7/8/14 report notes that home health aide would be assisting with tub bathing, getting in and out of bed, dressing, preparing and serving meals, laundry, cleaning, vacuuming, and sweeping. He has a wheelchair and bath chair for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caregiver in the morning 2-4 hours per day 5 days a week Monday thru Friday for 4 weeks to assist with ADLs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation (ODG-TWC), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

Decision rationale: Regarding the request for a caregiver, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, while there are some deficits noted, there is no documentation that the patient is homebound, as it is noted that he is able to attend outpatient therapy sessions. Additionally, there is no indication of the need for specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. It appears that he has some family assistance in the home and has assistive devices including a wheelchair, bath chair, and bedside commode. Furthermore, it appears that homemaker services and personal care are the only care in the home being requested. In light of the above issues, the current request is not medically necessary.