

Case Number:	CM14-0125992		
Date Assigned:	08/13/2014	Date of Injury:	07/06/2012
Decision Date:	10/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/08/2014

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 Medicine 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:

The records presented for review indicate that this 54 year-old individual was reportedly injured on July 6, 2012. The mechanism of injury is noted as a fall with resultant quadriplegia and traumatic brain injury. The most recent progress notes include hospital records surrounding admission on June 17, 2014. The records reference a Clostridium difficile infection and treatment with vancomycin. The summary also includes a recommendation for 24-hour home health nurse and 24-hour home health aide to turn the patient every 2 hours. Multiple pages of inpatient records are also provided. The record indicates that a request was made for a hill room hospital bed to facilitate repositioning and turning of the debilitated patient. The medical record indicates that the physician was unaware of the purchase of a hill ROM bed and that it wasn't clear whether or not this has been delivered to the patient's home. The physician indicated that the patient and wife continue to prefer home care rather than a skilled nursing facility. Additionally, it is noted that the patient's wife would be present to help the LPN turn the patient during the day but that the home health aide is requested for 2 shifts, evening and night, to help turn the patient in lieu of the wife during those times. A notation is made of the probable need for re-hospitalization and in consideration of the clinical circumstances surrounding the patient, that the hill from a bed and the HHA may not be a priority at the time, and that to avoid delay of potentially necessary treatment, and pending delivery of the bed, a modified recommendation had been made for the requested HHA for 2 shifts per day for up to 5 days. I am unable to identify a specific physical exam associated with this admission in the 3000 pages of medical records provided for this request. There are a few illegible pages which have lost clarity during transmission, which may contain and associated physical examination at the time of admission or during admission. Diagnostic imaging are numerous, including laboratory studies, including cultures, x-rays of the abdomen, and CT scans. Previous treatment has included a G2, the

clogging from a G2, treatment for pneumonia, septic shock, inpatient treatment for multiple complications, outpatient rehabilitation, physical therapy, pain management, and treatment of infectious disease resulting from the multiple comorbidities. A request had been made for a home health aide 24 hours a day 7 days a week to turn the patient every 2 hours and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 24/7 for turning patient every 2 hrs: Upheld

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

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

Decision rationale: According to CA MTUS, criteria for home health services include a requirement that the injured employee is homebound, on at least a part-time or intermittent basis. When considering all circumstances surrounding the request for home healthcare, and the documentation in the medical records supporting repeat hospitalization, the requested Hill Rom bed which has been approved, and the documented availability of the spouse, it is not clear why 24/7 home health is necessary. There is an indication for some assistance, however, with the medical records lacking complete clarity, there is insufficient data presented to support this request.