MAXIMUS Federal Services

Case Number:	CM14-0130171		
Date Assigned:	09/26/2014	Date of Injury:	09/17/2010
Decision Date:	10/27/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained a cervical spinal cord injury on September 17, 2010 in a work-related fall. He sustained C2, C6 and T3 fractures and head trauma. On January 12, 2011 he underwent anterior cervical discectomy and fusion C3-C5. His diagnoses include C5 tetraplegia, muscle spasticity, neurogenic bladder, neurogenic bowel, neuropathic pain syndrome, sleep apnea, head trauma, migraine headache, anxiety, depression, history of DVT. He receives home health services with attendant care 12 hours per day, 7 days per week for assistance with self-care, mobility, housekeeping and safety. He is able to ambulate short distances at nonfunctional speed and performs long distance mobility in a wheelchair. He requires assistance for activities of daily living secondary to upper extremity impairment, weakness and spasticity. He had a restoration procedure on his right upper extremity and has some function of the right upper extremity. His bowel program consists of suppositories, laxatives and digital stimulation. He uses a condom foley and requires catheterization 2 times per week. He has had a driving evaluation and approved for an adapted vehicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue home health care 12 hours day 7 days a week for 12 months from 8/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services Page(s): 51.

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

Decision rationale: The MTUS guidelines state that 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." Although home health care in this case is medically necessary, the request for home health care 12 hours a day 7 days a week is in excess and not medically necessary.