MAXIMUS Federal Services

Case Number:	CM14-0139953		
Date Assigned:	09/18/2014	Date of Injury:	07/26/2001
Decision Date:	10/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 patient is a 67-year-old female who has submitted a claim for right-sided CVA with right hemiparesis associated with an industrial injury date of July 26, 2001. Medical records from 2014 were reviewed. The patient is status post right-sided CVA with right hemiparesis. She is non-ambulatory and uses a motorized wheelchair. She is dependent with bed mobility and transfers. It was noted that the patient cannot live alone anymore and is at risk for falls. She had a multidisciplinary approach for her rehabilitation program with close medical supervision and 24-hour rehab nursing care. Physical examination showed normal right ankle/foot ROM. Distal tibial fracture was in good alignment. The diagnoses were right distal tibial fracture status post closed reduction; morbid obesity; left CVA with right hemiparesis; diabetic neuropathy; diabetic retinopathy; diabetic nephropathy; peripheral vascular disease; hypertension; hypothyroidism; decubitus, buttocks. Treatment to date has included oral and topical analgesics, AEDs, anticoagulants, physical therapy, and occupational therapy. Utilization review from August 14, 2014 denied the request for assisted living placement, long term. The reason for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assisted Living Placement; long term: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health services. Decision based on Non-

MTUS Citation Official Disability Guidelines, Low Back Chapter, Skilled nursing facility (SNF) care; Knee Chapter, Skilled nursing facility (SNF) care

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Assisted Living Placement assistedliving-placements.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Assisted Living Placement was used instead. According to the literature, assisted living communities provide a residential setting for seniors to live safely. They offer assistance with medication reminders, bathing, dressing and special dietary requirements. Amenities typically include three meals a day, social activities, transportation, housekeeping and laundry. Most living areas offer walk in showers, wide doors for wheelchair access, emergency call services and more. In this case, the patient is dependent with bed mobility and transfers and is at risk for falls. However, there was no comprehensive examination presented that may document physical impairments to warrant this request. The medical necessity cannot be established due to lack of information. Furthermore, the requested duration for assisted living placement was indefinite. Proper assessment and evaluation should be done if continued assistance in ADLs is warranted. Therefore, the request for Assisted living placement; long term is not medically necessary.