

Case Number:	CM14-0168006		
Date Assigned:	10/15/2014	Date of Injury:	05/29/2006
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 Emergency 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:

Patient with reported date of injury on 5/29/2006. Mechanism of injury was not described but there are descriptions of 2 different traumas at worksite from assaults (?) several years apart. Patient is post facial injuries including fractures/lacerations, dental reconstruction, head injury, post-traumatic cervical stenosis, post-traumatic brain syndrome and obstructive sleep apnea. Medical reports reviewed last report available until 9/10/14. Patient has multiple complains including headaches, dizziness, emotional lability double vision, L ear pains, dental problems, nasal speech, cervical pain, urinary problems, difficulty sleeping, bilateral upper extremity numbness and anxiety/nightmares. Objective exam reveals depressed mood. Minimal neck tenderness to midline with diffuse paraspinal and shoulder muscle pains and spasms. Decreased range of motion (ROM). Upper extremities were positive for Tinel's and Phalen's bilaterally. Low back was positive for tenderness and decreased ROM. Negative straight leg raise and other tests. Gait is wide based and short stride. Strength exam was mildly decreased but normal otherwise. Patient is noted to be more depressed and withdrawn. Documentation notes some neuropsychological problems but the report was not provided for review. Patient's wife has apparently been his primary caretaker including preparing medications, household chores, hygiene and other activities of daily living. MRI of cervical spine(3/5/14) reveals moderate-severe spinal canal stenosis at C4-5 due to osteophyte complex. Mild stenosis at C3-4 and C5-6. Current medications include Buspirone, Fioricet, Paroxetine and Sildenafil. Independent Medical Review is for Long term custodial home care 8hrs/day, 7days a week for 3months. Prior UR on 9/26/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Long term custodial home care 8hrs/day 7days per week 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: As per MTUS chronic pain guidelines, home health aide may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide. There are notes specifically describing services needed for the home health aide that is expressly defined as "homemaker service" which is expressly not the services that home health services is for. There is no documentation as to why patient's primary caretaker is not able to care for the patient. Home Health Service is not medically necessary.