

Case Number:	CM14-0176883		
Date Assigned:	10/30/2014	Date of Injury:	04/27/2009
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational 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 patient is a 44 year-old male with date of injury 04/27/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/18/2014, lists subjective complaints as back pain and cognitive impairment. Due to his severe traumatic brain injury, the patient requires 24-hour assistance for every aspect of his activities of daily living. Objective findings: Examination of the lumbar spine revealed diffuse tenderness over L4-L5 and L5-S1. Range of motion of the lumbar spine was between 40 to 60% of the normal range. Manual muscle testing of the lower extremity revealed diminished muscle strength at 5-/5 in the bilateral ankle dorsiflexion and plantar flexion. Straight leg raising test was positive on the bilateral lower extremities at a 45 degree angle in a sitting position. Diagnosis: 1. Status post head trauma with postconcussion syndrome 2. Cervical strain/sprain 3. L3-4, L4-5 and L5-S1 lumbar disc derangement 4. Lumbar radiculitis 5. Sleep disturbance, secondary to chronic pain 6. Reactive clinical depression, secondary to chronic pain 7. Visual changes secondary to post-concussion syndrome 8. Hearing impairment, secondary to post-concussion syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide monitoring for 24 hours per day x 6 months for supervision, assistance and safety then re-evaluate by psychiatrist for further requirements: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment-Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 23.

Decision rationale: At this time of the request, the patient had been approved for admission to an inpatient psychiatric facility; consequently, monitoring the patient at home is not necessary. Home health aide monitoring for 24 hours per day x 6 months for supervision, assistance and safety then re-evaluate by psychiatrist for further requirements is not medically necessary.