

Case Number:	CM14-0213843		
Date Assigned:	12/31/2014	Date of Injury:	01/13/2011
Decision Date:	03/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 01/13/2011. The date of utilization review under appeal is 11/20/2014. This patient's diagnoses include L1 ASIA-A paraplegia with a history of a comminuted L1 vertebral vertebra fracture. The patient was noted to have a neurogenic bowel and neurogenic bladder with neurogenic pain. The patient has a history of incision and drainage of a bilateral ankle osteomyelitis in 07/2012 and has comorbidities of hypertension, hyperglycemia, hyperlipidemia, and anemia. On 11/11/2014, the primary treating physician saw the patient in followup. The patient was seen in orthopedic follow-up later in the week regarding a healed knee fracture. The patient had problems with the right great toe recently which was treated by another physician. There were no pressure sores at that time. The patient was noted to have episodic pain behaviors grasping at his legs and appropriately laughed with humor. The patient had no strength throughout the lower extremities. The treating physician noted that a custom seating evaluation was pending to accommodate orthopedic deformities given a history of heterotopic ossification. The patient was to continue a bowel program every other day performed by skilled nurse and the treating physician recommended considering bladder augmentation to address continued leakage between catheterizations. An attendant was recommended to continue, including a licensed practical nurse 4 hours in the morning and an attendant 3 hours in the evening. The initial utilization review recommended non-certification of this request given the recommendation to clarify what the providers were performing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health: LPN 4 hours in AM, attendant 3 hours in PM.: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on home health services page 51 states home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. Given the patient's level of spinal cord injury with preserved upper extremity strength, and given the patient's age, the expectation functionally for this patient's rehabilitation recovery would be full independence from a wheelchair base. It is unclear why the patient requires assistance from an LPN nurse or an attendant. It would be helpful to have further clarification or documentation as to why the patient requires this assistance and if there is a plan to transition the patient to full independence and self-care and instrumental activities of daily living. Therefore, at this time the current request is not supported by the treatment guidelines. This request is not medically necessary.