

Case Number:	CM15-0013508		
Date Assigned:	02/02/2015	Date of Injury:	07/09/2013
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 20 year old male 07/09/2013 who sustained an industrial injury on 07/09/2013. Diagnoses include paraplegia, neurogenic bladder/bowel, back pain, neuropathic pain, Onychocriptosis, and paronychia. He is status post T11 to L3 open reduction and internal fixation at Posterior L1 and T12 levels. Treatment to date has included physical and occupational therapy, medications, trail hand cycle, and manual wheelchair. A physician progress note dated 11/06/2014 documents the injured worker presented with paraplegia with complete loss of movement, sensation, bowel and bladder. He intermittently catheterizes with a touchless catheter every 4-6 hours. He has incontinence between catheterizations. He uses pull-ups. He continues with a bowel program. The injured worker has a history of falls and a need for assist to access community, heavy housekeeping, gardening, and assistance with childcare. Treatment requested is for home assistance (housekeeping, gardening, housework, 2-4 hours per day). On 12/31/2014 the Utilization Review non-certified the request for home assistance (housekeeping, gardening, housework, 2-4 hours per day). There are no extenuating circumstances or expressed need that would necessitate the need for home assistance for social issues such as housekeeping, gardening, and housework. Will need an update on the injured workers' status, and expressed medical need for these services, to adequately review and support the request. Refer to clinical judgment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance (housekeeping, gardening, housework, 2-4 hours per day): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 51 of 127.

Decision rationale: Yes, the request for home assistance to include housekeeping, gardening, and housework was medically necessary, medically appropriate, and indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical treatments to applicants who are homebound. Here, the applicant is apparently homebound. The applicant is paraplegic. The applicant is apparently reliant on a wheelchair to move about, it has been suggested on several occasions above. The applicant is likely unable to attend and/or receive medical service on a conventional outpatient basis. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that homemaker services such as the gardening and housekeeping services being sought here are not recommended as stand-alone services, in this case, the applicant is concurrently receiving skilled nursing care, including wound care to address coccygeal wounds. The applicant is also receiving skilled nursing to assist with urinary catheterization. Concurrent provision of home assistance with housekeeping and other chores was, thus, indicated in the context present here. Therefore, the request was medically necessary.