

Case Number:	CM15-0018526		
Date Assigned:	02/06/2015	Date of Injury:	09/05/2008
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/31/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 75 year old male who sustained an industrial injury on 09/05/08. He is status post a traumatic brain injury, rib fractures, liver laceration, and bilateral pneumothorax and suffers from depression, posttraumatic stress disorder and bereavement. His nutrition is provided via tube feeding. In a progress note dated 12/29/14 the treating provider reports that he needs 24 hour/day, 7 days/week home support services, due to general medical conditions, depression, and forgetfulness which make it hazardous for him to be independent. On 01/20/15 Utilization Review non-certified the request for home health assistance 24 hours/day 7 days/week, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Hours, 7 Days a Week Home Health Assistant for Tube Feeding Assistance and Home Support Services: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS and ODG Home Health Services section, Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Given the medical records provided, the patient does appear to be homebound. The treating physician does detail what specific home services the patient should have. Additionally, documentation provided does support the use of home health services as medical treatment, as defined in MTUS. As such, the current request for 24 Hours, 7 Days a Week Home Health Assistant for Tube Feeding Assistance and Home Support Services is/are medically necessary.