

Case Number:	CM15-0110857		
Date Assigned:	06/19/2015	Date of Injury:	11/22/2002
Decision Date:	07/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/09/2015

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 applicant is a represented [REDACTED] employee who has filed a claim for traumatic brain injury, posttraumatic headaches, cognitive decline, and a brain tumor reportedly associated with an industrial injury of November 22, 2002. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve a request for a home health aide at a rate of eight hours a day x6 weeks for 13 weeks. The claims administrator referenced an April 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an undated RFA form, the home health service at issue was sought. In an associated progress note dated May 11, 2015, the applicant apparently presented to follow up on issues with brain cancer. The applicant was using a cane to move about. The applicant exhibited a flat affect. The applicant reported issues with fatigue, generalized weakness and malaise. The applicant was no longer working and retired, it was reported. The attending provider stated that the applicant was able to achieve activities of daily living only with assistance and continued to have deficits in terms of speech, strength, and completing activities of daily living of his own accord. The applicant's gait was not discretely described or characterized in the objective section of the note. The applicant was described as having a normal range of motion for age on musculoskeletal exam. On May 26, 2015, the applicant was described as having chronic conditions, to include diabetes mellitus, history of pacemaker implantation, dysarthria, brain neoplasm, and ataxia, it was reported. The attending provider stated that the applicant was homebound and had significant physical and cognitive difficulties. The attending provider stated that the applicant was at fall risk and could not be home alone. Twenty-four hour care was sought on an indefinite basis. The attending provider then stated in his physical objective section of the note that the applicant was appropriately alert and oriented to person, place, time, exhibited normal judgment and insight, and also exhibited a normal musculoskeletal exam as well as a normal neurologic exam to include normal sensation and reflexes. On June 9, 2015,

the applicant and his wife apparently presented to the applicant's family practitioner seeking renewal of home health certification. The applicant was described as walking slowly with the aid of a cane. The applicant reportedly had cognitive deficits and needed assistance with activities of daily living, it was stated. Somewhat incongruously, the attending provider then stated that the applicant was appropriately alert and oriented to person, place, and time, exhibited an appropriate mood and affect, normal judgment, and normal insight as well as a normal memory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance (From 4/15/15 to 7/15/15) (8 Hours/Day x 6 Days/Week) (Weeks Qty 13: Upheld

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

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

Decision rationale: No, the request for home health services at a rate of eight hours a day and six days a week for total of 13 weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound, generally for up to no more than 35 hours per week. Here, thus, the request for home health services at a rate of 48 hours a week, thus, represents treatment in excess of MTUS parameters. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that medical treatment does not include homemaker services such as shopping, dressing, laundry, and other personal care services, i.e., the services seemingly being sought here. It is further noted that the attending provider's progress notes of May 11, 2015, May 20, 2015, and June 9, 2015 did not clearly state or clearly articulate what service was specifically being sought. Certain sections of the attending provider's note stated that the applicant was a fall risk, while other sections of the note stated that the applicant was walking in a stable manner with the aid of a cane. The attending provider reported in some sections of his note that the applicant had cognitive deficits but then reported that the applicant exhibited normal cognition, appropriate alertness and orientation to person, place, and time, appropriate insight, appropriate judgment, etc. The information on file, in short, failed to support or substantiate the request and failed to clearly articulate what services were being sought. Therefore, the request was not medically necessary.