

Case Number:	CM15-0127283		
Date Assigned:	07/13/2015	Date of Injury:	07/30/2012
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 an 80 year old male who sustained an industrial injury on July 30, 2012. He hit the top of his head and loss consciousness and now has weakness in the right side of his body and episodes of confusion. Diagnosis include status post right total knee joint replacement, acute lumbosacral strain primarily involving the left lumbar spine, status post fracture of the proximal humerus, closed head injury with bilateral chronic subdural hematomas, organic brain syndrome secondary to closed head injury with the inability to stand and walk with impaired cognition, possibility underlying peripheral neuropathy, status post lumbar fracture due to poor balance, and status post right hip fracture due to poor balance. Treatment has included medication, physical therapy, surgery, and injections. He does not remember any of three objects after five minutes. He does not stand or walk due to severe unsteadiness of gait. Motor strength was 5/5 in the upper and lower extremities. Jamar grip on the right was 60 pounds and on the left 50 pounds. Sensation showed decreased touch along the soles of the feet. Deep tendon reflexes were absent in the upper and lower extremities. The treatment request included home caregiver services 24 hours a day and a lift for the outside stairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home caregiver services 24 hours/day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home caregiver services 24 hours a day is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are status post right total knee replacement; acute lumbosacral strain; status post fracture proximal humerus; closed head injury with bilateral chronic subdural hematomas; organic brain syndrome secondary closed head injury; inability to stand and walk with impaired cognition; possible underlying peripheral neuropathy; status post lumbar fracture due to poor balance; and status post right hip fracture. The date of injury is July 30, 2012. The request for authorization is June 2, 2015. According to the utilization review, the injured worker was transferred home following multiple hospitalizations to be cared for by his wife. The injured worker was re-hospitalized May 11, 2015 through May 15, 2015. The treating provider is now requesting 24-hour home care to assist with bathing, hygiene and other personal assistant care. Home care services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. The documentation shows personal care services are being requested. Additionally, the injured worker appears to be homebound. However, these home care services are not anticipated for short-term basis. The request services are for 24 hour a day home care services with an unlimited number of days. Consequently, absent clinical documentation for short-term home care services, home caregiver services 24 hours a day is not medically necessary.

Lift for outside stairs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, lift for outside stairs is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are status post right total knee replacement; acute lumbosacral strain; status post fracture proximal humerus; closed head injury with bilateral chronic subdural hematomas; organic brain syndrome secondary closed head injury; inability to stand and walk with impaired cognition; possible underlying peripheral neuropathy; status post lumbar fracture due to poor balance; and status post right hip fracture. The date of injury is July 30, 2012. The request for authorization is June 2, 2015. According to the utilization review, the injured worker was transferred home following multiple hospitalizations to be cared for by his wife. The injured worker was re-hospitalized May 11, 2015 through May 15, 2015. The treating provider is now requesting 24-hour home care to assist with bathing, hygiene and other personal assistant care. There is no clinical indication or rationale in the documentation for a lift for the outside stairs. Consequently, absent clinical documentation the clinical indication and/or rationale for outside lift, lift for outside stairs is not medically necessary.