

<b>Case Number:</b>	CM15-0149508		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: 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:

This is an 80-year-old male worker who was injured on 7-30-2012 due to striking his head while taking Coumadin. He underwent evacuation of a subdural hematoma. The medical records indicated the injured worker (IW) was treated for multiple head injuries and development of subdural hematoma with subsequent craniectomy and infection of the bone. According to the progress notes (6-22-15), the IW had trouble with ambulation, getting in and out of bed, showering and navigating stairs. He had been at home, cared for daily by his wife and home health caregivers. The home health care service was denied by the insurance provider and the IW had been moved to a nursing home. He previously had home-based physical therapy, occupational therapy and speech therapy. The physical examination (6-22-15) noted the IW was disoriented to time, had short-term recall problems and trouble with concentration. Hearing and speech were normal. There was mild pronator drift on the right side and mildly decreased strength in the right handgrip and finger extensor. Right lower extremity weakness in the 3 out of 5 range was noted. He could not stand without assistance; he could move his left leg partially against gravity and resistance while seated in his wheelchair. Sensation was decreased to pinprick and vibration of the right leg compared to the left. Triceps reflexes were 1+ and symmetrical. Knee jerks were 1+ on the left and 2+ on the right; ankle jerks were 1+ on the right and 2+ on the left. There was no ankle clonus and Babinski signs were absent bilaterally. A Request for Authorization dated 7-20-15 was received for 24-hour home care. The Utilization Review on 7-28-15 non-certified the request for 24-hour home care because the care needed was defined as homemaker services and not medical treatment, per the Centers for Medicare and Medicaid Services.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**24 hour home care:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, 24-hour home care 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 chronic subdural hematomas. According to the sole progress note dated June 22, 2015, the injured worker is currently in an acute rehabilitation hospital under the care of a competent provider. The treating provider indicates the injured worker requires home health care on a daily basis to provide care necessary to perform ADLs such as getting in and out of bed, going to the restroom, taking a shower, etc. The documentation does not provide the need for any skilled medical services. Additionally, the injured worker is not homebound. The injured worker was seen in the neurologist's office in a wheelchair. Although the injured worker needs help getting in and out of bed and going to the restroom, etc., the injured worker does not qualify for 24-hour home care. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the injured worker's homebound and no documentation indicating a skilled medical service is required, 24-hour home care is not medically necessary.