

Case Number:	CM15-0042238		
Date Assigned:	03/12/2015	Date of Injury:	10/15/2013
Decision Date:	04/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 10/15/13. He reported multiple injuries including, broken legs, broken back, loss of spleen and loss of portions of liver, gallbladder, appendices and kidney. The injured worker was diagnosed as having multiple trauma from a vehicle versus pedestrian accident, deep vein thrombosis and traumatic brain injury. Treatment to date has included pain medication, braces, physical, home exercise program and surgery. Currently, the injured worker complains of significant lower extremity edema and is living in assisted living facility. On physical exam it is noted his language is better, he ambulates with a walker and has pitting edema of bilateral lower extremities. The treatment plan included continuation of oral medications, referral to an endocrinologist and home attendant 40 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued attendant/companion care 40 hours per week for 6 six weeks: Upheld

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

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

Decision rationale: This patient presents with s/p multiple traumas from vehicle versus pedestrian accident and currently complains of lower extremity edema. The patient has significant cognitive deficits as well. The request is for continued attendant/companion care 40 hours per week for 6 six weeks on 02/25/15. The work status is remaining off-work per 02/24/15 report. MTUS guidelines page 51 states, Home health services: "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." Per 02/24/15 report, the patient is in an assistive living facility and 'doing well overall.' On the same report, the treater noted that the patient's language is better and the patient ambulates with walker. According to the utilization review report dated 03/02/15, "psychology report dated 12/22/14 notes that the claimant is doing well and behavior has been appropriate and uneventful." In this case, there is no specific discussion regarding medical treatments to be provided for the patient. The treater does not discuss of the patient's activities that the patient unable to perform or a specific reason to need of an attendant care in the reports provided. Additionally, the requested 40 hour service exceeds the recommendation by the guideline. The request IS NOT medically necessary.