

Case Number:	CM15-0064384		
Date Assigned:	04/10/2015	Date of Injury:	12/23/1982
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 12/23/82. He reported injury to his head, neck and back related to a slip and fall accident. The injured worker was diagnosed as having status post closed head injury, post-traumatic head syndrome with moderate to severe cognitive deficits and seizures. Treatment to date has included physical therapy, cervical MRI and pain medications. As of the PR2 dated 1/15/15, the injured worker reports Cialis has improved his erectile quality and decreased his obstructive voiding symptoms. He has recently been diagnosed with prostate cancer and will be having a prostatectomy. The treating physician requested home health care for 3-4 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care for 3-4 days: 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: Home health services are 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. In this instance, the injured worker does not seem to meet the definition of "homebound" as he frequently walks or jogs on the beach and seems to be able to attend his physician visits. The medical record indicates there are cognitive deficits, mainly memory related, and dizziness. There have been no deficits in activities of daily living described in the submitted medical record. The injured worker has access to food, which he does not much like, in what seems to be some sort of assisted living facility. The rationale for home health services is, therefore, not medically necessary per the guidelines referenced and in view of the submitted medical record.