

Case Number:	CM15-0070508		
Date Assigned:	04/20/2015	Date of Injury:	12/09/1991
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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 76 year old male, who sustained an industrial injury on 12/09/1991. He sustained a traumatic brain injury as a result of an attack, "severe beating and robbery" requiring inpatient hospital care for over a month, extensive inpatient rehabilitation and physical therapy for over one year to be able to walk independently. He subsequently experienced and was treated for TIA and seizures and most recently post-traumatic Parkinson's disease as a result of the head injury. Diagnoses include traumatic intracerebral infarction, 1991, permanent left eye vision loss with cognitive and mobility impairments, and post-traumatic Parkinson's disease. Treatments to date include physical therapy, speech therapy, occupational therapy, in-home assistance, and medication therapy. Currently, he complained of increased difficulty with cognitive skills, balance, and motor control. The medical records documented decreased ability of the spouse to assist with personal care and activities of daily living. The plan of care included in home occupational therapy and an in-home attendant for care up to eight hours a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown in-home physical therapy (PT)/occupational therapy (OT)/speech and language pathology (SP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health service Page(s): 51. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, Speech therapy.

Decision rationale: The 76 year old patient presents with a traumatic brain injury as a result of an attack, "severe beating and robbery" requiring inpatient hospital care for over a month, extensive inpatient rehabilitation and physical therapy for over one year to be able to walk independently. The request is for UNKNOWN IN-HOME PHYSICAL THERAPY (PT)/OCCUPATIONAL THERAPY (OT)/SPEECH AND LANGUAGE PATHOLOGY (SP). The provided RFA is dated 03/24/15 and the patient's date of injury is 12/09/91. The diagnoses include traumatic intracerebral infarction, 1991, permanent left eye vision loss with cognitive and mobility impairments, and post-traumatic Parkinson's disease. Per 04/06/15 report, treater states, "In addition to consequences of the original injury, the combination of aging-he is now 76 years old and development of post-traumatic Parkinsonism has resulted in steady functional decline. The patient is now experiencing increasing difficulties that he would not have otherwise encountered with normal aging absent the brain trauma. Symptoms span both physical and cognitive domains including posture, balance and safe ambulation, ADL, memory and safety, placing him at high risk for falling or self injury." Treatments to date include physical therapy, speech therapy, occupational therapy, in-home assistance, and medication therapy. Per occupational therapy home evaluation dated 03/10/15, the physician states, "Recently there has been a decline to a mod assist/max assist with hands on assist as well as verbal cues for walking (except on straight-aways) and ADL's. Along with the decline is a lack of awareness on his part." MTUS Guidelines, page 51, has the following regarding home service, recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. MTUS does not mention speech therapy. ODG guidelines, under Head Chapter, recommends speech therapy. The Criteria for Speech Therapy are: A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Treatment beyond 30 visits requires authorization Per 03/27/15 report, treater states, "We are requesting a time limited course of home based therapy by "Rehab without Walls" a provider specializing in delivering in-home services to brain injured individuals, focus on improving safety in mobility and self care activities." In this case, the patient has undergone physical therapy and speech therapy. The request does not state specific amount of sessions needed for physical therapy or for speech therapy. MTUS does not allow for open ended requests. Furthermore, the injury dates back almost 24 years and the treater does not explain what more can be gained via speech therapy. ODG allows up to 30 sessions and without knowing how many sessions were already provided, additional treatments cannot be considered. The request IS NOT medically necessary.

Unknown in-home attendant care, 8 hours per week, unspecified number of weeks:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 5307.8.

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

Decision rationale: The 76 year old patient presents with a traumatic brain injury as a result of an attack, "severe beating and robbery" requiring inpatient hospital care for over a month, extensive inpatient rehabilitation and physical therapy for over one year to be able to walk independently. The request is for UNKNOWN IN-HOME ATTENDANT CARE, 8 HOURS PER WEEK, UNSPECIFIED NUMBER OF WEEKS. The provided RFA is dated 03/24/15 and the patient's date of injury is 12/09/91. The diagnoses include traumatic intracerebral infarction, 1991, permanent left eye vision loss with cognitive and mobility impairments, and post-traumatic Parkinson's disease. Per 04/06/15 report, treater states, "In addition to consequences of the original injury, the combination of aging-he is now 76 years old and development of post-traumatic Parkinsonism has resulted in steady functional decline. The patient is now experiencing increasing difficulties that he would not have otherwise encountered with normal aging absent the brain trauma. Symptoms span both physical and cognitive domains including posture, balance and safe ambulation, ADL, memory and safety, placing him at high risk for falling or self injury." Treatments to date include physical therapy, speech therapy, occupational therapy, in-home assistance, and medication therapy. Per occupational therapy home evaluation dated 03/10/15, the physician states, "Recently there has been a decline to a mod assist/max assist with hands on assist as well as verbal cues for walking (except on straight-aways) and ADL's. Along with the decline is a lack of awareness on his part." MTUS Guidelines, page 51, has the following regarding home service, recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Per 04/29/15 report, treater states, "We are also requesting for 8 hours per week of attendant care. Patient cannot be safely left alone. He also requires supervision for ADL activities. This is a lifelong need and expected to increase over time. His wife has been his 24 hour caregiver since the injury, but it is untenable to expect this to continue indefinitely." MTUS does support home services if medical care is needed for patients who are home bound. Although, the treater does not indicate for how long, this patient is home-bound indefinitely. Given the patient's chronic condition, 8 hours of in-home care per week appears reasonable. Therefore, the request IS medically necessary.