

Case Number:	CM15-0078206		
Date Assigned:	04/29/2015	Date of Injury:	02/16/1999
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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 (IW) is a 68 year old male who sustained an industrial injury on 02/16/1999. The worker suffered a hemorrhagic stroke while on the job. The injured worker was diagnosed with an intracerebral hemorrhage in the left basal ganglia with residual spastic right hemiparesis and aphasia. Treatment to date has included the services of a home caregiver. Currently, the injured worker complains of increased weight and immobility requiring two caregivers to for all transfers. A second caregiver is requested for 2 hours, twice a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second caregiver for 2 hours, twice a day PRN: Overturned

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 service Page(s): 51.

Decision rationale: Based on the 02/24/15 progress report provided by treating physician, the wheelchair bound patient presents with gradually worsening function, weaker bilateral legs, and

open wound on the right medial ankle, under the ankle-foot orthosis. Patient's caregiver reports worse bed transfers even with 2 caregivers. The patient needs assistance with bed mobility and sitting balance. The request is for Second Caregiver for 2 hours, twice a day PRN. No RFA provided. Treatment to date includes caregiver services, home physical therapy, and oral medication, which includes Tylenol. Patient's work status not provided. Treatment reports were provided from 03/18/14 - 02/24/15. 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 PR-2 Addendum dated 02/24/15, treater states the patient "is willing to compromise and we are requesting a 2nd home caregiver for 2 hours twice a day as needed, instead of the request of up to 9 hours per day. Contrary to the denial letter opinion, the caregiver duties are because of medical necessity related to his accepted work-related disability, with recent further functional decline..." Per 07/31/14 treater report, the patient "has been getting 9 hours per day of assistance, and the company wants a 2nd caregiver for 2 hours per day in the mornings (7-9:00AM), which is when they help him with bathing, dressing etc., and he has had some near-falls with transfer, and caregivers complain of some back pain. (The patient) is now non-ambulatory for about the past year, only wheelchair-bound." MTUS does support home services if medical care is needed for patients who are home bound. Given the patient's post-stroke status, worsening chronic condition and safety of both patient and caregivers, the request for 2 additional hours of in-home care per day from 2nd caregiver appears reasonable. Therefore, the request is medically necessary.