

Case Number:	CM13-0016251		
Date Assigned:	11/06/2013	Date of Injury:	08/01/2011
Decision Date:	02/04/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 60-year-old injured worker who was injured in a work related accident on August 1, 2011. The clinical records reviewed include a recent assessment by [REDACTED] of July 30, 2013 indicating low back complaints with bilateral lower extremity pain, demonstrating tenderness to palpation with positive straight leg raising and gave a diagnoses of bilateral carpal tunnel syndrome, cervical sprain, lumbar strain with radiculopathy to the bilateral lower extremities. There is no indication of operative intervention to the low back, but demonstrates a prior surgery to the carpal tunnel. There is a request for the use of home health services in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance, four hours a day three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Home Health Services Page(s): 51.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the role home health services would not be indicated. The requested 12 hours a week for 6 weeks would not meet Guideline criteria. The medical records provided for review does not show that the claimant's diagnoses indicates the need to place the patient in a homebound state or indication as to why homebound services would be indicated for a diagnosis of carpal tunnel syndrome or a cervical or thoracic/lumbar strain. The request for home care assistance, four hours a day three times a week for six weeks, is not medically necessary and appropriate.