

Case Number:	CM13-0016945		
Date Assigned:	10/11/2013	Date of Injury:	05/01/2002
Decision Date:	01/08/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation 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 IMR application lists the injury date as 5/1/2002 and shows a dispute with the 8/15/13 UR decision for home care 24h/day, a lumbar brace and a cam boot. The 8/15/13 UR letter from [REDACTED], based on the 7/22/13 medical report, denying HHC 24h/day x7days/week because it exceeds MTUS criteria of 35 hours/week; it denies the lumbar brace as ACOEM states they have no lasting benefit beyond the acute phase; and the cam boot because there is no unstable joint or severe ankle sprain. 8/20/13 Letter from [REDACTED], It was my belief that he had been married, but in actuality, since before his injury he had been divorced. His ex-wife continues to care for him as they care for their daughter. He is only able to walk with crutches and wears cam boot or cast boots all time, so he is unable to drive. 8/19/13 PR2, [REDACTED], small ulcer medial epicondyle 2-3mm across. Continues to require assistance for all ADLs. He has low back and leg pain. he has left and right leg sciatica and wrist pain. Pain is 6/10 with medications. Diagnosis is RSD lower limb, and low back pain. Prescriptions include DuoDERM, Gas-X, Methadone, Miralax, Neurontin 300mg tid, OxyContin 80mg q8h, Roxicodone 30mg q12h, Xanax 0.5mg bid, 7/22/13 PR2, [REDACTED], continued pain, severe at times. Legs have RSD. 7/10 pain with medications. Requests 24 hour care for bathing, self-care, food prep, toileting, care of home. If the wife were compensated for at least 8 hours per day, it would allow her to do that instead of working outside the home. he needs a new cam boot and lumbar brace. Recommend a van or vehicle with a lift and can accommodate his wheelchair. 5/13/13 [REDACTED], pain in left foot, and right leg. He has RSD or CRPS bilaterally. He is not able to hold a soda and use hands as he has CTS bilaterally. He has only one pair of shoes, he has a broken scooter. He needs to exercise to maintain current level of fitness. Pain is 6/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care for up to 24 hours a day 7 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG, Low Back Chapter..

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

Decision rationale: The patient is reported to live with this ex-wife as they care for their daughter. The physician has requested to pay the patient's ex-wife for home health care for up to 24 hours/day, 7-days per week, so she does not have to find outside work. The physician describes the home health care for bathing, self-care, food prep, toileting and care of the home. The request is not in accordance with MTUS guidelines. MTUS states, "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" and MTUS does not recommend over 35 hours per week. The request for 168 hours per week (24h/day x7 days) exceeds MTUS recommendations.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-lumbar supports..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308. Decision based on Non-MTUS Citation Lumbar supports and pg 308, Table 12-8, Summary of Evidence and Recommendations-Corsets for treatment. .

Decision rationale: ACOEM states lumbar supports are not beneficial beyond the acute phase of care. The patient's injury is reported as being over 10 years-old and does not appear to be in the acute phase. The request is not in accordance with ACOEM guidelines.

CAM boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter, for Cam Walker and for Cast (immobilization). .

Decision rationale: The patient is reported to have 6-7/10 RSD pain. MTUS/ACOEM did not discuss cam boots. ODG states these are indicated for ankle sprain or an unstable joint. There is no discussion of surgery, sprain or unstable joint. The medical records do not show a diagnosis for which a cam boot is indicated. The request is not in accordance with ODG guidelines.

