

Case Number:	CM13-0017049		
Date Assigned:	10/11/2013	Date of Injury:	06/04/2013
Decision Date:	04/17/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/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 patient is a 51-year-old male who reported an injury on 6/4/13. The patient is diagnosed as status post left upper extremity amputation for electrical injury. A request for authorization was submitted by [REDACTED] on 8/19/13 for home health care. There is documentation of electrically signed clinic notes dated 7/30/13 and 8/3/13 by [REDACTED]. The patient's physical examination revealed a well-healed incision with a 3cm open wound. The patient was to be seen at the amputation clinic and fitted for prosthesis. The patient was also given a prescription for home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE TO ASSIST WITH ADL'S INCLUDING MEAL PREPARATION AND PERSONAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are home-

bound on a part time or intermittent basis. As per the documentation submitted, there is no indication that this patient is home-bound and does not maintain assistance from outside resources. California MTUS Guidelines further state that medical treatment does not include homemaker services. The specific frequency and duration of treatment was also not stated in the request. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.