MAXIMUS Federal Services

Case Number:	CM13-0017114		
Date Assigned:	12/13/2013	Date of Injury:	11/18/2003
Decision Date:	06/13/2014	UR Denial Date:	08/20/2013
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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 49-year-old male who reported injury on 11/18/2003 after a 40 foot fall. The injured worker ultimately underwent C6-7 fusion in 11/2003. It was documented that the injured worker underwent reconstructive left foot surgery on 08/21/2013. The injured worker was evaluated on 12/09/2013. It was noted that the injured worker had brown sequard syndrome of his left side and was considered partially paralyzed, significantly decreased sensitivity on his right side. Clinical findings included a fully closed incision secondary to surgical intervention on 08/21/2013. The request was made for home health assistance for daily chores as the injured worker did not have any assistance at home and did not have the ability to stand.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME NURSING ASSISTANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested home nursing assistance is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health assistance for injured workers who are home bound on a part-time or intermittent basis. The

clinical documentation does indicate that the injured worker is not able to stand and has significant deficits that would render them home bound on at least a part-time or intermittent basis. However, California Medical Treatment Utilization Schedule generally only supports up to 35 hours per week of this type of assistance and does not consider homemaker services medical treatment. The request as it is submitted does not specifically identify duration of treatment. Additionally, the request does not identify if this is for a medical purpose or simply to assist with homemaker services. As such, the requested home nursing assistance is not medically necessary or appropriate.