

Case Number:	CM13-0033453		
Date Assigned:	12/06/2013	Date of Injury:	06/20/2003
Decision Date:	02/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Sports Medicine 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:

This is a female patient who reported an injury on 06/20/2003. The patient is currently diagnosed with obesity, diabetes mellitus type 2, lumbosacral spondylosis without myelopathy, lumbar strain, internal derangement of the knee, and contusion of an unspecified part of the upper limb. The patient was seen by [REDACTED] on 07/15/2013. Physical examination revealed tenderness to palpation of the paravertebral muscles, intact sensation, full and painless range of motion, normal stability, normal knee and ankle reflexes, negative straight leg raising bilaterally, tenderness to palpation of the left hand with full and painless range of motion, and normal strength with full painless range of motion of the left knee. Treatment recommendations included continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/07/13) Home Health Services.

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

Decision rationale: Per California MTUS Chronic Pain Medical Treatment Guidelines, home health services are "recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week." As per the clinical notes submitted, there is no indication that the patient is home bound or requires assistance from home health services. The patient's physical examination reveals normal strength and full, painless range of motion of the lumbar spine, left hand and left knee. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.