

Case Number:	CM13-0042745		
Date Assigned:	12/27/2013	Date of Injury:	11/09/2004
Decision Date:	02/27/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 50-year-old female who reported an injury on 11/09/2004, due to a fall causing injury to her left wrist. The patient ultimately underwent several surgical interventions that resulted in the development of chronic pain, depression, and an inability to return to work. The patient later sustained a right fifth metatarsal fracture and a second fifth metatarsal fracture on the left foot. It was noted that the patient remained non-ambulatory and required home health assistance. The patient also developed chronic regional pain syndrome of the left lower extremity. It was noted that the patient was unable to provide any type of self-care, and was completely non-ambulatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care, 24/7, 8 hrs. LVN, 16 hrs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The clinical documentation does indicate that the patient is home-bound and non-ambulatory. California Medical Treatment Utilization Schedule recommends home health

care of up to 35 hours per week for a patient who is homebound. The clinical documentation submitted for review also provides evidence that skilled nursing outlines in the [REDACTED] policy bulletin 0201 is appropriate for this patient. The patient is on multiple medications and has a chronic non-healing fracture that requires regular medical assessment. However, the request as it is submitted does not provide an identifiable duration. Therefore, adequate re-assessment and re-evaluation cannot be clearly determined. As such, the requested home care, 24/7, 8 hours LVN, and 16 hours attendant care is not medically necessary or appropriate.