

Case Number:	CM13-0048156		
Date Assigned:	12/27/2013	Date of Injury:	11/27/1995
Decision Date:	02/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Interventional Spine 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:

There is limited information provided for this IMR. There are no medical evaluations or history from the treating physician. According to the 10/16/13 UR denial letter from [REDACTED], the patient is 59 years-old, and was injured on 11/27/1995. There is a Stipulation and Request for Award that requests the covered body parts to include head, neck, jaw, teeth, full spine, both upper and both lower extremities, psyche, kidneys, liver, heart, lung, obesity, ribs, eyes and ears. There is no current diagnosis, and the mechanism of onset is not known. It appears that the request for "1 RN evaluation or other qualified specialist to evaluate/determine physical layout of single store residence required to accommodate the patient's needs" was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RN evaluation or other qualified specialist to evaluate/determine physical layout of single story residence required to accommodate the patient's needs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-11. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back

Decision rationale: The request before me is essentially for a home safety evaluation, for an injured worker with injuries to multiple body regions, including both upper and lower extremities, eyes and ears. The extent of his injuries was not available for this IMR, and there was no medical evaluations provided. ACOEM and ODG guidelines discuss the importance of ergonomics, although these primarily relate to work conditions, some of the general ideas would be applicable in a home setting. ACOEM also recommends consultations when the plan or course of care may benefit from additional expertise. It seems like the RN evaluation or consultation would be in accordance with ACOEM guidelines.