

Case Number:	CM13-0050455		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2003
Decision Date:	02/26/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

The patient is a 60 year old female who was assaulted on the work place about 10 years ago, with resultant multiple bodily injuries. In the medical report dated 11/3/2011, patient has ongoing bilateral knee, shoulders, neck and low back pain. Patient reports shaking of bilateral arm and spasms on lower back. Bilateral numb, and tingling. She is scheduled for left knee arthroscopy. She did not receive post pain medication. Objective Findings: Jamar RT: 18-17-19 Left: 14-17-10 KG Gait: Patient ambulates with waiting walker. C-Spine: Muscle guarding/spasm; painful ROM; tenderness paraspinal musculature. In the most recent medical report dated 10/23/13 progress report, the claimant has complaints of epigastric abdominal pain and right shoulder pain. Exam revealed edema in the BLE and tenderness to palpation. Diagnoses include OM, HTN, palpitations, and posttraumatic weight gain, left knee surgery, BLE edema, and abdominal pain and Vitamin D deficiency. Date of injury of is 11/14/03.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care (4 hours per day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS guidelines indicate that home health care services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The request for Home Health Care is premature since the patient is not homebound. She has right knee pain with a range of motion of the knee of 0-120 as per medical record of 12/5/2013 noted during her first post-operative visit.