

Case Number:	CM13-0053799		
Date Assigned:	05/16/2014	Date of Injury:	07/06/2012
Decision Date:	07/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 54-year-old female who reported an injury on July 6, 2012. The mechanism of injury was not specifically stated. Current diagnoses include a left shoulder sprain, cervical sprain, radiculopathy and status post lumbar spine surgery. The injured worker was evaluated on October 10, 2013. The injured worker reported cervical spine and lumbar spine pain. Physical examination revealed a well-healed scar, improved cervical spine range of motion and symptoms of depression and anxiety. Treatment recommendations included home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six weeks of home health care: 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 Page(s): 51.

Decision rationale: The California MTUS Guidelines state that home health services are recommended 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. There is no

documentation of a significant musculoskeletal or neurological deficit. There is no indication that this injured worker is currently homebound and does not maintain assistance from outside resources. The specific type of treatment required was not listed in the request. The California MTUS Guidelines further state that medical treatment does not include homemaker services and personal care. Based on the clinical information received, the request is not medically necessary.