

Case Number:	CM13-0055654		
Date Assigned:	12/30/2013	Date of Injury:	02/01/1999
Decision Date:	03/10/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 female with a work injury dated 01/28/1993. She has chronic neck pain with bilateral upper extremity radiation, low back pain with bilateal lower extremity radiation and bilateral shoulder pain. Her diagnoses include: Cervical Radiculopathy; Depression; Hypertension; Obesity; Complex Regional Pain Syndrome of the Right Lower Extremity; Chronic Pain Other; Fibromyalgia; Headaches; Deconditioning secondary to pain; Decreased renal function; Bilateral shoulder surgery with residuals; Status post Detox; History of GERD; Hiatal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

daily home health care: Upheld

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

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

Decision rationale: The home health care is not medically necessary per MTUS guidelines. MTUS guidelines recommend medical treatment for patients who are homebound only on an

intermittent basis generally up to no more than 35 hours/week. Documentation is not clear on why patient would need 24 hour/day 7 day/week home health services. There is no documentation of patient being homebound. The request for home health is not medically appropriate or necessary.