

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0063028 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 03/15/2013 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 Internal Medicine, 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 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:

This is a 48 year old male with a date of injury on 3/15/13. The injury occurred when he was working on the center median of a 7-lane road and he accidentally stepped onto a lane of traffic. The patient was struck by a vehicle and thrown 20 feet. He was taken to the hospital and his discharge paperwork documents poly-trauma including closed head injury, right tibia/fibula fracture, rib fracture, and L3/L4 compression fracture. On 5/13/13 an office visit note revealed that the patient had ongoing neck and back pain as well as right arm and right leg pain despite pain medications. On examination, there was 1+ cervical tenderness and 1+ bilateral trapezial tenderness. He was unable to walk on heels and toes. On 10/23/13 pain was noted in the lower back that radiated to the lower extremities. He was able to ambulate with a walker with decreased range of motion of the right knee and ankle. Home health was prescribed at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ASSISTANCE 12 HOURS PER DAY/7 DAYS PER WEEK: Upheld

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

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

Decision rationale: The current request is for home health assistance 12 hours per day/7 days a week. The MTUS Chronic Pain Guidelines recommend home health for up to no more than 35 hours per week in a homebound patient. This patient is ambulatory with a walker and there is no documentation that he is homebound on a part-time or intermittent basis. Consequently, the request is not medically necessary and appropriate.