

Case Number:	CM13-0065778		
Date Assigned:	01/03/2014	Date of Injury:	10/31/1996
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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, Pulmonary 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:

The patient is a 51-year-old male who reported an injury on 10/31/1996. The mechanism of injury was not specifically stated. The patient is currently diagnosed with pain in a joint involving the lower leg, chronic back pain, left shoulder pain, bacterial conjunctivitis, allergic rhinitis and chronic pain syndrome. The patient was seen by [REDACTED] on 10/03/2013. Physical examination revealed stiffness with palpable muscle spasms in the lumbar spine, left knee effusion, crepitus on range of motion, limited range of motion and tenderness of the joint line. It is noted that the patient's MRI indicated an ACL tear as well as a medial meniscal tear. Treatment recommendations included ACL reconstruction and partial meniscectomy as well as debridement. The treatment plan also included the continuation of current pain medications and postoperative home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes: Upheld

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

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 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. As per the documentation submitted, a request for authorization had been submitted for an ACL reconstruction and partial meniscectomy as well as debridement. However, there was no indication that this patient would be homebound following surgical intervention. The specific home health services required were not mentioned. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.