

Case Number:	CM13-0067342		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2003
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
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 Occupational 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:

The patient is a 52 year old male with date of injury 1/07/2013. Patient sustained his injuries from a motor which exploded, shocking him and pushing him down onto his back. In a supplemental Qualified Medical Evaluator report dated 3/01/2013, the treating physician stated that the patient is considered to have reached the point of maximum medical improvement. The most recent medical documentation of the injured patient's diagnosis is a supplemental primary treating physician's report dated 1/28/2014, after the original UR denial. In said report, the patient complained of headaches that disrupt concentration/ memory and urological complaints of loss of bladder control along with orthopedic complaints. The treating physician argues that the patient receives care to provide assistance with activities including personal care/hygiene and ambulation. Diagnoses: 1. Lumbar musculoligamentous sprain and strain with bilateral lower extremity radiculitis 2. Cervical musculoligamentous sprain and strain with bilateral lower extremity radiculitis. 3. Bilateral shoulder impingement syndrome. 4. Bilateral wrist sprain and strain with right carpal tunnel syndrome and 5. Urological complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 24 HOURS/DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines, Home Health Services, CMS 2004 Medicare Coverage of Home Health Care

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services

Decision rationale: The Official Disability Guidelines state that home health care is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical record does not document any medical treatment which would need to be provided at the patient's home. 24 hour per day home health care is not medically necessary.