

Case Number:	CM13-0067541		
Date Assigned:	01/03/2014	Date of Injury:	08/26/2011
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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. 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 38-year-old male who reported an injury on 08/26/2011. The mechanism of injury involved a fall. The patient is diagnosed with right leg pain/CRPS, neck pain, bilateral shoulder pain, and wrist pain. The patient was seen by [REDACTED] on 12/12/2013. The patient reported persistent pain. Physical examination was not provided on that date. The treatment recommendations included authorization for 8 hours of home health care, 5 days per week over the neck 6 months

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE WITH SUPERVISION 8 HOURS A DAY FOR 5 DAYS FOR CHRONIC PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound on a part time or intermittent basis, generally up to no more than 35 hours per week. As

per the documentation submitted, the patient's physical examination was not provided on the requesting date of 12/12/2013. It was previously requested on 11/14/2013 that the patient receive supervision for 8 hours per day, 5 days per week for assistance getting into the bathroom, shower, and changing clothes. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Additionally, the request for supervision 8 hours per day for 5 days per weeks exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified