

Case Number:	CM13-0069140		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2010
Decision Date:	05/29/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Illinois. 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 injured worker is a 57-year-old male who reported an injury on 04/26/2010. The mechanism of injury was not stated. Current diagnoses include bilateral L5-S1 radiculopathy, status post fusion at C4 through C7, status post cervical discectomy and fusion at C4 to C7 on 09/10/2011, status post left carpal tunnel release, status post lumbar decompression and fusion at T11 to L2, status post lumbar laminectomy and discectomy with fusion at L4-5, status post right carpal tunnel release, and head contusion. The injured worker was evaluated on 11/20/2013. The injured worker reported headaches, blurred vision, nervousness, depression, fatigue, abdominal pain, joint pain, swelling, numbness, tingling, weight loss, and sleep disruption. Physical examination revealed decreased sensation at T12, intact and symmetrical deep tendon reflexes bilaterally, and weakness at the tibialis anterior, EHL, and quadriceps. Treatment recommendations at that time included home health care 4 hours per day for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

42 VISITS OF HOME HEALTH; 4 HOURS DAILY OVER 6 WEEKS FOR THE CERVICAL AND LUMBAR SPINE AND RIGHT WRIST: 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 California MTUS Guidelines state 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, there is no indication that this injured worker is homebound and does not maintain outside assistance. The specific treatment required was also not listed in the request. The California MTUS further state medical treatment does not include homemaker services and personal care. Based on the clinical information received the request for 42 Visits of Home Health; 4 Hours Daily over 6 Weeks for the Cervical and Lumbar Spine and Right Wrist is not medically necessary.