

Case Number:	CM13-0070080		
Date Assigned:	01/03/2014	Date of Injury:	09/03/2008
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 injured worker is a 53-year-old female who reported an injury on 09/03/2008. The mechanism of injury involved a fall. The current diagnoses include brachial neuritis or radiculitis, cervicgia, lumbar disc displacement without myelopathy, and spasm. The latest physician progress report submitted for this review is documented on 01/22/2014. The injured worker was status post anterior and posterior L5 to S1 decompression and fusion in 11/2013. The injured worker was pending postoperative physical therapy. The injured worker reported 6/10 pain with medication. Physical examination on that date revealed restricted lumbar range of motion, positive straight leg raising, 5/5 motor strength and diminished sensation along the left C6 dermatome. The treatment recommendations at that time included continuation of a home exercise program, and activity limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Web Edition.

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

Decision rationale: California MTUS Guidelines state home health services are recommended 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. There is no indication that this injured worker is currently home bound and does not maintain assistance from outside resources. The frequency and total duration were not listed in the request. The type of services required was also not mentioned. California MTUS Guidelines further state medical treatment does not include homemaker services and personal care. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary or appropriate.