

Case Number:	CM13-0072264		
Date Assigned:	01/17/2014	Date of Injury:	05/23/2008
Decision Date:	05/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery 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 53 year old female injured in a work related accident May 23, 2008. The clinical records are for use of home health care services twelve hours per day, seven days per week for twelve weeks. The recent clinical assessment for review is a progress report October 30, 2013 indicating the patient is with current working diagnosis of degenerative disc disease to the cervical and lumbar spine with disc protrusions, right knee degenerative changes and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE, 12 HOURS PER DAY, 7 DAYS PER WEEK FOR 12 WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9TH Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Based on the CA MTUS Guidelines home health services for the requested timeframe would not be indicated. The claimant's current clinical diagnosis would not support the role of home bound care or the need for home services. The specific request for services to include 84 hours a week for 12 weeks would not be indicated as the guideline criteria would

recommend no more than 35 per weeks in the clinical setting. The diagnosis of degenerative changes to the knee lumbar spine and cervical spine, the specific request for chronic home health services is not indicated.