

<b>Case Number:</b>	CM14-0001505		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/07/2004
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic knee pain, and depression reportedly associated with an industrial injury of October 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychological counseling; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 10, 2013, the claims administrator stated that the denial was essentially an administrative decision owing to lack of supporting documentation. The applicant's attorney subsequently appealed. The sole notes on file appear to be medical-legal evaluations of September 15, 2010 and September 18, 2011. On the latter, the applicant was apparently given 35% whole-person impairment rating/35% permanent and partial disability rating owing to issues related to posttraumatic headaches. On September 15, 2010, the applicant was described as having intractable knee and back pain with superimposed issues with depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### UNKNOWN HOME HEALTH CARE 7 DAYS A WEEKS FOR 8 HOURS A DAY:

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As in the Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical treatment in applicants who are homebound and unable to receive medical services through conventional outpatient office visits. In this case, however, it was not clearly stated what home health services were being sought. It was not clearly stated what home health services were being requested here. No rationale or clinical progress note accompanied the request for authorization or application for Independent Medical Review. The request for unknown home health care, eight hours per day, seven days per week, is not medically necessary or appropriate.