

Case Number:	CM14-0100338		
Date Assigned:	07/30/2014	Date of Injury:	09/14/2008
Decision Date:	10/06/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 65 year old female whose date of injury is 09/14/2008. Treatment to date includes open reduction internal fixation (ORIF) left knee on 11/31/13. Office visit note dated 06/16/14 indicates that the injured worker was seen approximately six weeks ago at which time therapy was recommended, but has not been certified. Diagnosis is history of open reduction internal fixation right wrist with residuals, status post left knee surgery with osteoarthritis, chronic left knee pain, giving way of the knee. Treatment plan includes therapy and psychiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health x 12 weeks-4 hours a day, 5 days a week.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services. Decision based on Non-MTUS Citation Official Disability Guidelines-Home Health services

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

Decision rationale: Based on the clinical information provided, the request for home health for twelve weeks four hours a day, five days a week is not recommended as medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines support home health

services for otherwise recommended medical treatment for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part time or intermittent basis. Additionally, the medical treatment to be provided is not documented. Therefore, this request is not medically necessary.