

Case Number:	CM14-0101789		
Date Assigned:	07/30/2014	Date of Injury:	10/28/2006
Decision Date:	09/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 51-year-old male who was reportedly injured on October 28, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 22, 2014 indicates that there are ongoing complaints of pain and dizziness. There were complaints of memory difficulties. The physical examination demonstrated ambulation assistance with the usage of a walker. There was a diagnosis of a depressive disorder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a fusion from C3-C7 as well as a lumbar spine fusion, left knee arthroscopy x 2, and a left shoulder arthroscopy x 2, a single right knee arthroscopy and epidural steroid injections. A request had been made for home care by a psychiatric technician or skilled licensed vocational nurse and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 Homecare by Psych Technician or Skilled LVN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for home health services includes that the injured employee be homebound on at least a part-time or intermittent basis. The attached medical record does not indicate that the injured employee is homebound nor is there any indication of what type of home healthcare is needed. For these reasons this request for home healthcare by a psychiatric technician or licensed vocational nurse 24/7 is not medically necessary.