

Case Number:	CM14-0014640		
Date Assigned:	02/28/2014	Date of Injury:	08/01/2001
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery, and is licensed to practice in Maryland. 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 66 year old male whose date of injury is 08/01/2001. The mechanism of injury is described as a slip and fall. The submitted records indicate that the injured worker was determined to have reached maximum medical improvement as of 07/12/13 with 14% whole person impairment. Treatment to date includes several lumbar spine fusion procedures, right knee surgery, aquatic therapy, psychological treatment. Evaluation dated 12/05/13 indicates that the injured worker walks twice a day for 20 minutes at a time. Note dated 01/02/14 indicates that the injured worker requires home health care and transportation as he has been diagnosed with Parkinson's and often forgets things. Diagnoses are listed as post laminotomy pain syndrome, gastritis, adult onset diabetes mellitus, hypertension, cervical spondylosis, right knee internal derangement, new onset Parkinson's, and early onset Alzheimer's. Home care assistance 7 days a week x 3 months had been requested and denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE 7 DAYS A WEEK X 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, LOW BACK AND CHRONIC PAIN,

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

Decision rationale: Based on the clinical information provided, the request for home care assistance 7 days a week x 3 months is not recommended as medically necessary. CA MTUS guidelines support home health services 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. There is no current home assessment submitted for review. The specific medical treatment to be provided is not documented.