

Case Number:	CM14-0019810		
Date Assigned:	04/28/2014	Date of Injury:	02/23/1999
Decision Date:	07/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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:

██████████ is a 63-year-old female who was injured on 02/23/99 with records indicating current diagnosis to include chronic spinal cord compression at the thoracic level, low back pain, shoulder pain, bilateral lower extremity pain, and a neurogenic bladder. The 12/31/13 progress report states the claimant presented for evaluation of a new wheelchair. Formal physical examination findings were not documented. There is currently no documentation of formal imaging. Based on the above diagnosis, there were recommendations for home health care, 24 hours a day, 7 days a week for 12 additional weeks. Home care duties were not specifically specified. Claimant is also being treated with medication management including chronic opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE AIDE - 24HRS/DAY X 7DAYS/WEEK X 12 WEEKS WITH RN EVAL PRIOR TO END OF CARE: 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 CHRONIC PAIN Page(s): 51.

Decision rationale: While home health care can be utilized, guidelines limited use to 35 hours per week for individuals who are home bound on a part or intermittent basis. The request in this case was for round the clock, 7 days a week care for three months. The time frame being requested would far exceed guideline criteria and would not be supported.