

Case Number:	CM14-0117299		
Date Assigned:	08/06/2014	Date of Injury:	06/24/1991
Decision Date:	09/19/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/26/2014

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 Texas. 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 06/24/1991. The injured worker was assisting a client in a wheelchair downstairs when she pulled back the chair and it fell on her and pinned her. Diagnoses are status post lumbar fusion, lumbago, and right knee pain. Treatment to date includes lumbar spine surgery x 2, spinal cord stimulator, left inguinal hernia surgery, and right knee surgery. Office visit note dated 05/16/14 indicates that the injured worker complains of lumbar pain with radiation to both lower extremities. There is also right knee pain. On physical examination there is decreased muscle strength to the bilateral S1 dermatomes. The injured worker is noted to be wheelchair bound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health for 7 days/8 hrs per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for home health for 7 days/8 hours per day is not recommended as medically necessary. The submitted records fail

to establish that the injured worker is homebound on a part-time or intermittent basis as required by CA MTUS guidelines for home health services. The medical treatment to be provided is unclear. Therefore, based on the CA MTUS guidelines this request is not medically necessary.