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| Case Number: | CM14-0031808 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 02/28/2013 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

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 Occupational Medicine 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 57 year old male whose date of injury is 02/28/2013. On this date the injured worker reached under a chopper to clear a branch and the machine dismembered his arm. The injured worker sustained a left above the elbow partial amputation. The injured worker underwent revision distal left arm above-elbow amputation on the date of injury. Treatment to date also includes prosthesis and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Home Evaluation To Include Occupational Therapy And Clinical Coordination Up 10 Hours For One Month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. 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 one home evaluation to include occupational therapy and clinical coordination up 10 hours for one month is not recommended as medically necessary. There is insufficient clinical information provided to

support this request. There is no current, detailed physical examination submitted for review. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis as required by Chronic Pain Medical Treatment Guidelines. There is no clear rationale provided to support the request at this time. The request is not medically necessary.