

Case Number:	CM14-0039590		
Date Assigned:	06/27/2014	Date of Injury:	06/11/2002
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 54-year-old male who was reportedly injured on June 11, 2002. The mechanism of injury was noted as a fall off a ladder. The most recent progress note dated January 14, 2014 indicated that there were ongoing complaints of low back pain with numbness in the right lower extremity. There were also complaints of left shoulder pain, headaches, and pain in the right elbow and hand. Current medications include Fentanyl patches, Norco, Neurontin, Lunesta, Zanaflex, Senokot and Voltaren gel. The physical examination demonstrated significantly decreased lumbar spine range of motion and decreased muscle strength in the bilateral lower extremities. There were normal lower extremity sensation and a positive left sided straight leg raise test at 50. Diagnostic imaging studies were not commented on. Previous treatment included shoulder surgery. A request was made for a home health aide four hours per day seven days per week and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid (4 hours/day, 7 days/week): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Services.

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

Decision rationale: According to the most recent progress note dated January 14, 2014, the injured employee was currently receiving care with his son who dispenses all of his medications on a pill by pill basis when they are due. Considering that the injured employee's son is already rendering home health care for the injured employee, it is unclear why there is a request for home health aide in addition to that. Without additional justification, this request for a home health aide for four hours per day seven days per week is not medically necessary.