

Case Number:	CM14-0040816		
Date Assigned:	06/27/2014	Date of Injury:	04/14/2004
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 45-year-old male who was reportedly injured on April 14, 2004. The mechanism of injury is not listed in the records that were reviewed. The most recent progress note dated March 12, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity as well as intermittent symptoms in the left lower extremity. The injured employee states that he has difficulty performing most household activities including cooking and cleaning. The physical examination demonstrated ambulation with the use of a cane. There was significantly decreased lumbar spine range of motion and a positive right-sided straight leg test at 30. A visual atrophy of the right calf was noted. Diagnostic imaging studies are not reviewed during this visit. Previous treatments for the injured worker include lumbar spine surgery for a right-sided L5-S1 micro-discectomy, a request had been made for home healthcare twice a week for four hours per week and was deemed not medically necessary in the pre-authorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care two times per week at four hours per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54.

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

Decision rationale: While the most recent progress note dated March 12, 2014, indicates that the injured employee has difficulty with most household chores, it is not stated that he has any difficulty performing any medical care at home even if any such care is needed. Furthermore it is not stated that the injured employee is homebound. For these multiple reasons this request for home healthcare two times a week for four hours per week is not medically necessary.