

Case Number:	CM14-0046406		
Date Assigned:	07/02/2014	Date of Injury:	02/20/2012
Decision Date:	09/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 records presented for review indicate that this 60 year old gentleman was reportedly injured on February 20, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated July 23, 2014, indicates that the injured employees doing well postoperatively from his lumbar spine surgery in March. There were complaints of right shoulder pain. No physical examination was performed on this date. Diagnostic imaging studies of the right shoulder showed acromioclavicular (AC) joint arthritis. Previous treatment includes a lumbar spine discectomy and fusion on March 25, 2014. A request was made for a home health aide six to eight hours per day, five days a week, for two weeks and was not certified in the preauthorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home aide 6-8 hours per day 5 days a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

Decision rationale: According to California Chronic Pain Medical Treatment Guidelines the criteria for home health services includes that the injured employee be homebound on at least a part time or intermittent basis. The progress note dated July 23, 2014 as well as notes prior to not indicate that the injured employee is having difficulty with ambulation or is otherwise homebound. As such, this request for a home health aide six to eight hours per day, five days per week, for two weeks is not medically necessary.