

Case Number:	CM14-0047736		
Date Assigned:	07/07/2014	Date of Injury:	09/02/2009
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 37-year-old male was reportedly injured on September 2, 2009. The mechanism of injury was noted as a fall from a ladder. The most recent progress note, dated May 16, 2014 indicated that there were ongoing complaints of neck and back pain with radicular symptoms, right shoulder pain, and headaches. It was stated that the injured employee required 65% assistance for all structured daily activities. The physical examination demonstrated tenderness at the bilateral temporal regions and parietal regions and at the right temporomandibular joint. Jaw opening was 40% to 50% reduced. There were impingement signs of both shoulders and slightly shoulder reduced range of motion. There were tenderness and spasms along the cervical, thoracic, and lumbar spine and reduced spinal range of motion. Diagnostic studies were not reviewed during this visit. A request had been made for daily skilled nursing care and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Skilled nursing daily and care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual chapter 7- Home Health Services.

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

Decision rationale: Although the injured employee has had an evaluation, which stated he required some partial assistance for all daily activities, it was not stated that he needed medical care that needed to be provided by skilled nursing. The previous utilization management review had also stated that the provider had wanted skilled nursing for custodial care to include hygiene, meal preparation, cleanup, laundry, grocery shopping, supervision, and companionship. These tasks do not fall under the realm of skilled nursing. According to The California MTUS Chronic Pain Medical Treatment Guidelines home health services are only recommended for individuals who are homebound on at least a part-time basis and the medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care such as assistance with activities of daily living. Therefore, without additional justification and clarification, this request for daily skilled nursing care is not medically necessary.