

Case Number:	CM14-0049800		
Date Assigned:	07/07/2014	Date of Injury:	04/23/2013
Decision Date:	08/26/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/17/2014

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 Illinois. 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 52-year-old female with a reported date of injury of 4/23/13. The mechanism of injury was not provided within the documentation available for review. Her diagnoses included herniated discs at C5-6 and C6-7 and right and left carpal tunnel syndrome. The clinical information indicated that the injured worker has been authorized for surgery of anterior decompression and fusion at C5-6 and C6-7. The injured worker presented with neck and arm pain, with right and left hand numbness. Upon physical examination, the cervical spine range of motion revealed flexion to 70 degrees and extension to 70 degrees. Current medications were not provided within the documentation available for review. The injured worker's treatment plan was to continue home stretching exercises and anterior decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health RN evaluation 1 visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, 91, 206, Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The California MTUS Guidelines recommend home health services for otherwise recommended medical treatment for patients who are homebound, or on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical information provided for review lacks documentation related to the need for a home health RN evaluation. The surgery date was not provided within the documentation. There is a lack of documentation related to the injured worker's functional deficits, and need for home health RN visit. Therefore, the request is not medically necessary.

Home Health RN 1 visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, 91, 206, Chronic Pain Treatment Guidelines Home Health Services.

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

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