

Case Number:	CM14-0067485		
Date Assigned:	09/10/2014	Date of Injury:	04/04/2009
Decision Date:	10/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 55-year-old female was reportedly injured on April 4, 2009. The most recent progress note, dated March 26, 2014, indicates that there were ongoing complaints of anxiety. The physical examination indicated anxious mood and ambulation with the assistance of a cane. Diagnostic imaging studies of the lumbar spine revealed a broad-based disc bulge at L4 - L5 with depression of the adjacent thecal sac. Previous treatment includes an instrumentation and fusion at L4 - L5 and postoperative recovery has been stated to be uneventful. A request had been made for 11 sessions of RN nursing home care and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

11 Sessions of RN Nursing Home care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51.

Decision rationale: The California MTUS Guidelines support home health services for medical treatment for patients who are homebound, 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. Review of the available medical records, does not document that the injured employee's homebound or has any required daily nursing care needs. As such, this request for 11 Sessions Of RN Nursing Home Care is not medically necessary.