

Case Number:	CM13-0023510		
Date Assigned:	11/15/2013	Date of Injury:	02/05/2008
Decision Date:	12/10/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Connecticut, California
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 claimant is a 52-year-old gentleman who was injured in a work related accident on February 5, 2008. Recent clinical assessment for review dated August 5, 2013 indicates the claimant is with continued low back pain with weakness with objective findings showing restricted range of motion, 15 degrees of flexion and 5 degrees of extension with 5/5 lower extremity strength noted. Working diagnosis on that date is unclear due to a somewhat illegible report. Recommendations at that time were for request for a “low back surgery”. It is unclear as to what form of surgery was to take place. There was also specific documentation to “continue home health care four hours a day, five days a week for six additional weeks”. There are recommendations for home health care dating back to December of 2012 in this case. Previous clinical records reviewed gave the claimant a working diagnosis of low back and neck pain. There is a lack of formal documentation of imaging and there is no evidence of a prior surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

one home health care, four hours per day, 5 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Section(s): Home Health Services, Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Section(s): Home Health Services, page(s): 51.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, home health care in this case cannot be supported. Guideline criteria only recommend the role of this form of treatment for patients who are “homebound” on a part time or intermittent basis for generally up to no more than 35 hours per week. While the claimant is noted to be with chronic pain, records do not support a diagnosis, physical exam finding or instance to support the need of continued home health care, or home health care in any degree for that matter. Specific request in this non homebound individual would not be indicated.