

Case Number:	CM14-0130515		
Date Assigned:	08/20/2014	Date of Injury:	07/16/2014
Decision Date:	10/19/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 36 year old male who sustained an industrial injury on 07-16-2014. Diagnoses include left closed distal tibia impaction fracture, right scapular body fracture and left elbow dislocation with distal humerus fracture. A physician progress note dated 07-24-2014 documents the injured worker is to be TDWB (touchdown weight bearing) of the bilateral upper extremities and WBAT of the left lower extremity. Home care is requested to assist with activities of daily living. There was no documentation of treatment or studies submitted with this request. Several documents within the submitted medical records are difficult to decipher. On 08-06-2014 the Utilization Review non-certified the requested treatment Home care support services 2 hours/day for 5 days (total 10).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care support services 2 hours/day for 5 days (total 10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: As per MTUS Chronic pain guidelines, home health services are specifically for medical services for patients who are home and/or bed bound. It is specifically not for "homemaker services". The requested rationale for "home care" support is for "homemaker services" and is not medically related. It is not medically necessary.