

Case Number:	CM14-0198397		
Date Assigned:	12/08/2014	Date of Injury:	05/25/2014
Decision Date:	01/21/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 50-year-old man who sustained a work-related injury on May 25/2014. Subsequently, the patient developed a chronic right heel and foot pain. According to a progress report dated on November 12, 2014, the patient was complaining of continuous right with pain. The patient was treated with injections pain medications and topical analgesics. The patient physical examination demonstrated right ankle pain with reduced range of motion . The patient was diagnosed with right calcaneal stress fracture. The provider requested authorization for stay art [REDACTED] residence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patient to Stay at a [REDACTED] Type Setting for 2 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME)

Decision rationale: There is no clear medical justification of renting a hotel room for 2 weeks for this patient. The request was based on a social issue, the patient lost his house. It is not even

clear if 2 weeks hotel rent will solve the patient social issue. There is no documentation how this alternative is more appropriate than outpatient or even inpatient physical therapy. Therefore, the request is not medically necessary.