

Case Number:	CM14-0198781		
Date Assigned:	12/09/2014	Date of Injury:	11/19/2001
Decision Date:	02/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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:

This 64-year-old man sustained in an industrial injury on 11/19/2001 after lifting a box of videos that weighed approximately 30 pounds. An AME report dated 02/20/2014 and a treating physician note dated 06/18/2014 were reviewed. The documentation concluded the worker suffered from post-laminectomy syndrome, chronic pain syndrome, and right knee internal derangement. Treatment included oral medications, physical therapy, acupuncture, chiropractic care, lower back injections, back surgery in 2002 with post-operative physical and aquatic therapies, three epidural steroid injections in 2003, and spinal cord stimulator insertion in 2011. The note dated 2/20/2004 documented problems sleeping and pain in the neck, both shoulders, lower back, both knees, and both feet with numbness and tingling in his both legs. Treatment recommendations included physiotherapy and chiropractic treatment, a neurologic specialty evaluation, electrodiagnostic testing, and TENS. A Utilization Review decision was rendered on 11/05/2014 recommending non-certification for an evaluation for a functional restoration program, ten hours of home health services daily for seven days, and a follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health 10 Hrs X 7 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker suffered from post-laminectomy syndrome, chronic pain syndrome, and right knee internal derangement. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or extenuating circumstances that would sufficiently support the need for these services. In addition, the number of service hours requested exceeds the maximum recommended by the Guidelines. For these reasons, the current request for ten hours of home health services daily for seven days is not medically necessary.