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| Case Number: | CM14-0203345 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 12/21/1998 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of December 21, 1998. The patient complains of pain in both knees, both hips, the low back and the right hand and wrist. Physical exam findings shows the patient has no significant abnormalities in the right hip right knee left hip left knee and low back on examination. The patient notes that physical therapy and aqua therapy increase mobility and held motion. The patient would like to continue physical therapy. At issue is whether home health aid is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4 Days Per Week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back pain chapter.

Decision rationale: The medical records do not document the need for home health aid. There is no documentation that the patient is homebound and not able to provide for basic activities of daily living. The patient has chronic pain in multiple joints. Does not adequate medical

documentation to justify the need for home health aid. There is no documentation the patient is homebound.