

Case Number:	CM15-0149937		
Date Assigned:	08/13/2015	Date of Injury:	04/02/2013
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old male who sustained an industrial injury on 04-02-13. Initial complaints and diagnoses are not available. Treatments to date include multiple orthopedic procedures on his right elbow, right leg, bilateral knees, left leg, and bilateral feet as well as a lumbar decompression. Diagnostic studies include multiple x-rays, CT scans, diagnostic studies, and MRIs. Current complaints include loss of motion in the right shoulder, pain and loss of motion in the right elbow and wrist, as well as constant low back pain with restricted motion and burning on the bottom of his feet, and bilateral knee pain and difficulty maintaining an erection and incomplete emptying of his bladder. Current diagnoses include right shoulder impingement syndrome, right hand rule out carpal tunnel syndrome, burst fracture L4 resulting in L3-5 arthrodesis, status post right anterior calcaneal fracture, left metatarsal fractures, and depression. In a progress note dated AME report dated 03-10-15 the examining provider reports the need for physician monitoring of medications and lab studies, a three-phase bone scan of the bilateral knees, an electro diagnostic study of the right wrist, and a psychiatric AME examination, as well as the future medical for the right knee to be left open. The requested treatment includes a home health aide 40 hours per week for 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

HHA 40 hours per week X 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services- Page(s): 51.

Decision rationale: HHA 40 hours per week X 90 days is not medically necessary per the MTUS Guidelines. Home health services are recommended by the MTUS only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The request for 40 hours per week exceeds the MTUS limit for home health services and is therefore not medically necessary.