

<b>Case Number:</b>	CM15-0186451		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 68-year-old male, who sustained an industrial injury on 4-10-2002. He reported cumulative injury to the low back, causing a fall onto the right knee. Diagnoses include sciatica, lumbar discopathy, pain related insomnia, myofascitis, and knee pain. Treatments to date include activity modification, medication therapy, physical therapy, self-guided exercise at a gym, cortisone injection to the knee, Supartz injections, and lumbar epidural steroid injections. The records submitted indicate chronic right knee pain. The records documented a fall occurred on 8-15-15, when the knee gave out, resulting in a closed head injury and increased right knee pain. The pain was rated 10 out of 10 VAS on 8-18-15. The plan of care included a referral request for an MRI and orthopedic consultation, as well as and dental consultation to address chipped dentition because of the fall. There was also a request for a CT scan of the lumbar spine. On 9-4-15, the examination documented daily headaches status post fall, ongoing severe knee pain rated 10 out of 10 VAS, worsened activities of daily life due to knee pain, sleeping two to three hours a night. The physical findings documented an antalgic gait, chipped dentition, a laceration scar and hematoma to the left crown, right knee tenderness to palpation was worse, decreased range of motion, 3+ crepitus noted, weakness and laxity with 2-3+ myospasm. The medical records documented numerous denials for requested treatments and on 9-15-15; the provider documented "an expedited request RFA for a Nurse Case Worker be available on 9-18-15 at 11:00 AM" to provide assistance due to numerous denials. The appeal requested authorization for one nurse case manager visit on 9-18-15. The Utilization Review dated 9-17-15, and on 10-1-15, denied this request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Nurse manager visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS and the ODG is specifically silent on the issue of a nurse manager visit. However, according to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, "Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 9/15/15 that the patient is home bound. The reason for this request is to provide assistance due to numerous denials. There are no other substantiating reasons why home health services are required. Therefore, determination is not medically necessary.