

Case Number:	CM15-0209233		
Date Assigned:	10/28/2015	Date of Injury:	09/16/2013
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 52 year old male, who sustained an industrial injury on 9-16-13. The injured worker was being treated for status post multiple trauma, status post traumatic hemoperitoneum, status post splenic rupture, status post diaphragmatic rupture, status post bilateral hemothorax, status post cardiac arrest, status post coagulopathy, status post contusion of pancreas, dysphagia secondary to tracheotomy, post traumatic headaches, chronic chest wall pain, chronic bilateral wrist sprain, chronic bilateral medial and lateral epidylitis, chronic left TMJ pain, chronic cervical myofascial pain, chronic myofascial pain, chronic lumbosacral myofascial pain and posttraumatic stress disorder. On 6-30-15, the injured worker complains of neck, upper and lower back pain, chest pain, headaches, left jaw pain, bilateral shoulder pain, bilateral elbow pain and bilateral wrist pain. His wife spends about 2 hours per day 7 days a week helping him. He notes he is able to ambulate one block with a walking cane and notes he falls easily. He is not working. Physical exam performed on 6-30-15 revealed restricted range of motion of cervical and lumbar spines, old tenderness with left lower quadrant soft mass, tenderness of paracervical C2 to C7-T1, paralumbar tenderness from L1 to L5-S1 with no spasms and bilateral sacroiliac and trochanteric tenderness. Treatment to date has included physical therapy, shoulder injections, oral medications including Wellbutrin, Effexor, Tramadol, Gabapentin and Omeprazole. On 9-1-15 request for authorization was submitted for home health care 2 hours a day, 7 days a week. On 10-2-15, request for home health care 2 hours a day, 7 days a week was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home health care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Home Health Services (2015).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. In this case there is no documentation of necessity of medical treatment by home health providers. In addition the patient is not homebound. Medical necessity has not been established.