

Case Number:	CM15-0028219		
Date Assigned:	02/20/2015	Date of Injury:	12/19/2006
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old, female patient who sustained an industrial injury on 12/19/2006. A request was made for a home health nurse visits totaling 6 visits; a front wheel walker and home physical therapy sessions, status post gastric sleeve laparoscopy. On 01/22/2015, Utilization Review, non-certified the request, noting the CA MTUS, chronic Pain, home health services, ODG, Knee and Leg and physical therapy were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Nurse: Upheld

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

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

Decision rationale: MTUS recommends home health services for homebound patients with specific part-time or intermittent home medical needs. The records in this case do not document that the patient is homebound and do not discuss specific goals or reasoning for the requested home health nurse. Therefore, it is not possible to apply a guideline in support of the request; the request is not medically necessary.

Front Wheel Walker: 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) Treatment in Workers Compensation (TWC); walking aids (cane, crutches, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / Walking Aids.

Decision rationale: ODG states that disability, pain, and age-related impairments determine the need for a walking aid. There is very limited post-operative assessment information available in this case. The rationale for the requested walker and the status of the patient's gait and mobility ability are unknown. The available records do not support the medical necessity of this request.

Home Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC).

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

Decision rationale: MTUS recommends home health services for homebound patients with specific part-time or intermittent home medical needs. The records in this case do not document that the patient is homebound and do not discuss specific goals or reasoning for the requested home physical therapy. Therefore, it is not possible to apply a guideline in support of the request; the request is not medically necessary.