

Case Number:	CM15-0041447		
Date Assigned:	03/11/2015	Date of Injury:	08/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 46 year old man sustained an industrial injury on 8/8/2013 after slipping off of a water truck and injuring his right leg and knee and injured again after falling off of a 5-foot ledge as it collapsed. Current diagnoses include right knee pain with evidence of as complex tear of the medical meniscus, right greater than left lumbar radiculopathy, status post closed head injury with post traumatic headaches, secondary depression, right ankle pain, urinary urgency and incontinence, right wrist sprain, and left knee pain rule out internal derangement. Treatment has included oral medications, use of a cane, surgical intervention, and orthovisc injections. Physician notes dated 2/8/2015 show continued low back and knee pain as well as headaches. Recommendations include home health evaluation, orthopedic consultation, MRI and x-ray of the left knee, pain management consultation, urology consultation, psychological consultation, lighter bilateral crutches, wheeled walker with seat, shower chair, adult male incontinence pads, Ultram, Norco, Morphine Sulfate IR, Flexeril, Naproxen, continue bariatric wheelchair, continue use of knee brace on right knee, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303-305; 341-343, Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, page 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines Pain; Home Health Care.

Decision rationale: MTUS Guidelines states that home health care involves highly skilled medical care, but does not address the possible needs for lower levels of care. ODG Guidelines address this issue in a much more comprehensive manner. The Guidelines state that there are different levels of Home Health Services and recommend a Home Health Evaluation to determine if there is a medical necessity for such services. There are strict Medicare standards for determining the medical necessity of such services and the Evaluator should be familiar and follow these. Under these circumstances, the request for a Home Health Evaluation is supported by Guidelines and is medically necessary.