

Case Number:	CM15-0053828		
Date Assigned:	03/27/2015	Date of Injury:	07/13/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38-year-old male, who sustained an industrial injury on 07/13/2011. He reported injuries to his right shoulder, neck, and back. The injured worker is currently diagnosed as having lumbar spine surgery and right shoulder surgery. Treatment to date has included lumbar spine MRI, right shoulder surgery, lumbar spine surgery, physical therapy, and medications. In a progress note dated 01/15/2015, the injured worker presented with no new complaints. The treating physician reported requesting authorization for home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 3 hrs/day for 7 days/week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient is a 38-year-old male with an injury on 07/13/2011. He had lumbar and right shoulder surgery and had physical therapy. MTUS Chronic Pain guidelines for

home health services note that this is only recommended for patient who are homebound - and they are intermittent services. These are health services and do not include home maker services like preparing meals or cleaning. The patient does not meet criteria for home health services. The treatment is not medically necessary.