

Case Number:	CM15-0061277		
Date Assigned:	04/07/2015	Date of Injury:	12/08/2014
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 34-year-old male, who sustained an industrial injury on December 8, 2014. He has reported neck pain, shoulder pain, back pain, and leg pain. Diagnoses have included displacement of lumbar intervertebral disc, right shoulder sprain, rotator cuff tendonitis, degenerative disc disease, right shoulder impingement syndrome, and lumbar spine radiculitis. Treatment to date has included medications, heat, ice, home exercise, physical therapy, imaging studies, and diagnostic testing. A progress note dated March 1, 2015 indicates a chief complaint of back pain, right buttock pain, and right leg pain. The treating physician documented a plan of care that included spinal surgery and associated postoperative services.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN evaluation, assess for HHA, assist with ADL's, and wound care dressing changes 2 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health, Page 51.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Home health care. MTUS guidelines state the following: Home health services recommended only for otherwise recommended medical treatment for 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 homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) According to the clinical documentation provided. The patient does not meet requirement for home health. Home Health-care is not indicated as a medical necessity to the patient at this time.