

Case Number:	CM14-0007465		
Date Assigned:	02/07/2014	Date of Injury:	07/10/2004
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a male with a 7/10/04 date of injury. The patient fell on his tailbone after he slipped on ice and injured his back, bilateral elbows, wrists, hands, and shoulders, as well as his neck and anxiety. On 12/16/13 the patient complained of weakness and tenderness to multiple areas. Objective: decreased shoulder ROM at 90 degrees of flexion and abduction. Diagnostic Impression: bilateral carpal tunnel syndrome, hand tenosynovitis, forearm arthropathy, lumbago, disc degeneration, cervicalgia, lumbar spondylosis, and thoracic spine. Treatment to date: radiographs, medication management, activity modification. A UR decision dated 1/6/14 denied the request based on the fact that the records did not document the criteria for either home health services or mobility devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 4-6 HOURS PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
i;½9792.24.2 Page(s): 51.

Decision rationale: CA MTUS states that home health services are 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. However, there is no clear rationale provided in the physician's records as to why this patient would need home health care. Guidelines only support home health care for patient's that are homebound and do not support assistance that is not medical related, such as shopping, cleaning, and laundry. Therefore, this request for home health care 4-6 hours per day was not medically necessary.

MOTORIZED SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
i;1/29792.24.2 Page(s): 132.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. However, there is no discussion provided as to why this patient needs a motorized scooter. It is not clearly documented whether this patient is able to ambulate on his own or requires ambulatory assistance. His gait is not described on physical examination. Therefore, this request for a motorized scooter was not medically necessary.