

Case Number:	CM14-0111457		
Date Assigned:	08/01/2014	Date of Injury:	05/30/2012
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation 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 records presented for review indicate that this 46 year-old male was reportedly injured on 5/30/2012. The most recent progress note, dated 7/16/2014 indicates that there are ongoing complaints of neck and right upper extremity pain. The physical examination demonstrated Cervical spine: tenderness to palpation at C5-6, bilateral paravertebral tenderness, limited ROM limited and painful. No recent diagnostic imaging studies are submitted for review. Previous treatment includes cervical fusion, medication and conservative care. A request had been made for 6weeks in home care 2 X a week and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 weeks in-home care 2x week: 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 Home Health Services Page(s): 51.

Decision rationale: According to California Chronic Pain Medical Treatment Guidelines the criteria for home health services includes that the injured employee's homebound on at least a

part-time or intermittent basis. A review of the attached medical records does not indicate that the injured employee is homebound. Therefore this request for home health services is not medically necessary.