

Case Number:	CM14-0143494		
Date Assigned:	09/10/2014	Date of Injury:	02/23/2006
Decision Date:	11/06/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Claimant is a 67 year old female with reported industrial injury of 2/23/06. Report from 7/7/14 demonstrates that the patient suffers from chronic medical conditions including post lumbar laminectomy, osteoarthritis, fibromyalgia. Report states that it causes chronic pain not sufficiently controlled with physical therapy, pain medications and ambulatory assistive devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty-four (24) hour care giver: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Home Health Services

Decision rationale: CA MTUS/ACOEM is silent on the issue of home health services. According to the ODG Pain section, 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." In this case the exam notes from 7/7/14 do not demonstrate objective evidence that the patient is homebound to require the utilization of home health services. Therefore the request is not medically necessary.