

Case Number:	CM14-0167354		
Date Assigned:	10/14/2014	Date of Injury:	04/12/2005
Decision Date:	12/16/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/10/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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:

Individual is a 47 years old male with a 4/12/05 date of industrial injury. He has retained orthopedic hardware in the left humerus with a draining sinus. Shoulder pain is described as mild to moderate and constant. He currently takes Ibuprofen 800mg, Norco 10-325mg, Viagra 100mg, and Senna laxative 8.6mg. He has taken Cipro for the infection but time frame and route were not noted. It is not known if he has tried IV antibiotics or had failed antibiotics other than the charted Cipro, which he was no longer taking. Individual had an exam 9/08/14 in which tenderness and swelling to the left upper arm were noted. Serous drainage was charted as well as muscle atrophy (objective). There is a documented fracture with plate and screw fixation (date unknown). Utilization review 9/17/14 was non-certified for Associated surgical services: 12 post-operative home health services for antibiotic therapy, to be done by a registered nurse, 2 times a week for 6 weeks, to be done s/p left humerus surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 12 post-operative home health services for antibiotic therapy, to be done by a registered nurse, 2 times a week for 6 weeks, to be done s/p left humerus surgery.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

Decision rationale: According to MTUS and ODG Home Health Services section, it is 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. This individual is not homebound. The doctor did not provide a rationale for why he would be unable to receive the antibiotics in an office setting. The doctor also did not provide a list of medications that have been tried and failed other than Cipro. As written, 12 post-operative home health services for antibiotic therapy, to be done by a registered nurse, 2 times a week for 6 weeks, to be done s/p left humerus surgery is not medically necessary.