

<b>Case Number:</b>	CM15-0077549		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: California, North Carolina  
 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 59-year-old female who sustained an industrial injury on 4/20/2010. Her diagnoses, and/or impressions, are noted to include: fall from stationary bus steps; concussion/head trauma (sub-concussive); contusion with fracture of left orbital floor per computed tomography scan; fracture of left maxillary sinus atrum; contusion of left upper incisors, teeth; contusion of left chest and upper left ribs; cervical and lumbar spine sprain/strain; sprain and tendon tare of right foot/ankle, with flat foot and osteoarthritis of ankle/foot; and right posterior tibialis tendon dysfunction, pes pianus, gastrocnemius contracture. No current imaging studies or electro diagnostic studies are noted. Her treatments have included 2 right knee surgeries in 1/2013 & 2/2013; right triple arthrodesis with right ankle anesthetic block and splint (1/6/15); skilled nursing facility; physical therapy; ice therapy; rest from work; and medication management. The progress notes of 3/31/2015 noted painful and tight head, left eye, left shoulder/wrists/hands, left upper chest, and lower legs. Objective findings noted pain, tenderness and swelling, without redness or ecchymosis, and decreased cervical extension. The physician's requests for treatments were noted to include home nursing visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home nursing 3 hours a day 7 days a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The documentation submitted is inadequate to approve the request for home nursing care 3 hours/day, 7 days/week. The records do not include any recent physical therapy or occupational therapy noted outlining the claimant's current condition and capabilities. There is no assessment of the claimant's functional mobility with and without use of the wheelchair and no use of canes, walkers or other assistance devices noted. An overall assessment of the claimant's ability to ambulate independently, if any, is lacking. CA MTUS guidelines require submission of adequate objective information before a decision can be rendered. The request presented as is, is not medically necessary.