

Case Number:	CM14-0140087		
Date Assigned:	09/08/2014	Date of Injury:	07/26/2002
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine, and is licensed to practice in California, Tennessee, Florida, and Maine. 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 injured worker is a 53-year-old whose date of injury is July 26, 2001. The mechanism of injury is described as repetitive work activity. Treatment to date includes right carpal tunnel release on February 25, 2002, left carpal tunnel release on April 28, 2003, ACDF on February 13, 2006, right shoulder rotator cuff repair on 09/19/06 and medication management. Progress report dated March 12, 2014 indicates that the injured worker complains of constant neck and low back pain. Diagnoses include status post bilateral carpal tunnel release, left wrist and hand osteoarthritis, right shoulder arthroscopy acute flare up, CRPS of the bilateral upper extremities, status post cervical spinal cord stimulator implant, chronic neuropathic pain, chronic pain syndrome, myofascial pain syndrome, status post ACDF at C6-7, disc protrusion at L4-5 and L5-S1, neuropathic pain with flare up in left upper extremity and hand, acute flare up of lumbar radiculopathy. The injured worker has been recommended for home health care to assist with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown number of home health care visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines Home Health Services Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for unknown home health care visits is not recommended as medically necessary. The request is nonspecific and does not indicate the frequency and duration of treatment. CA MTUS guidelines support home health services for otherwise recommended medical treatment for injured workers who are homebound on a parttime or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part time or intermittent basis. Additionally, the medical treatment to be provided is not documented. Therefore, the request for an unknown number of home health care visits is not medically necessary or appropriate.