

Case Number:	CM13-0026174		
Date Assigned:	11/22/2013	Date of Injury:	07/09/2011
Decision Date:	03/17/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 42-year-old injured worker who sustained an injury to their back on 7/9/11. The injured worker has been approved for a two-level minimal invasive surgery posterior interbody fusion. The treating physician states the patient will need approximately 6 weeks of home care and treating physician recommends 8 hours a day to care for their children age 3 and 5 who lives with the patient. The patient is the sole caregiver for their children.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Healthcare, 8 hours a day for 6 weeks: 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: The Chronic Pain Medical Treatment Guidelines regarding home health services recommend only for medical treatment of 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. Childcare is not a recommended medical treatment. The request for home healthcare 8 hours a day for 6 weeks is not medically necessary and appropriate.

