

<b>Case Number:</b>	CM13-0033838		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 65 year old female whose date of injury is 04/01/2003. Treatment to date includes L4-S1 fusion in 2005. The injured worker is status post L2-3 and L3-4 transforaminal interbody fusion (TLIF) with hardware removal L4-S1 on 04/11/13. MRI of the lumbar spine dated 07/26/13 revealed postsurgical changes and large dorsal peripherally enhancing fluid collection extending from about the level of L2 to L4. Progress report dated 08/12/13 indicates the injured complains of low back pain, but denies any re-injury or fall. The injured worker has difficulty walking and changing position. Note dated 10/03/13 indicates the injured worker has significant difficulty with daily activities. She is quite deconditioned. The injured needs help in performing light household chores such as cooking and cleaning. The injured worker has difficulty transferring in and out of bed, and the hospital bed has rails that assist her with transitioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED HOME HEALTH X 45 DAYS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** Based on the clinical information provided, the request for continued home health x 45 days is not recommended as medically necessary. California Medical Treatment Utilization Schedule (CAMTUS) guidelines support home health care for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that this injured worker is homebound. The submitted records indicate that she needs help in performing light household chores such as cooking and cleaning. CAMTUS guidelines report that 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. The request is not medically necessary or appropriate.

**HOSPITAL BED RENTAL CONTINUATION X 45 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Aetna Clinical Policy Bulletin, Hospital Beds And Accessories Section.

**Decision rationale:** Based on the clinical information provided, the request for hospital bed rental continuation x 45 days is not recommended as medically necessary. The submitted records fail to document that the injured worker's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed. There is no indication that the injured worker's condition requires special attachments (e.g., traction equipment) that can not be fixed and used on an ordinary bed. The submitted records fail to establish that the injured worker requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Therefore, Aetna criteria for hospital bed are not met, and the request is not medically necessary.