

Case Number:	CM13-0042121		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2002
Decision Date:	02/21/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice 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 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. 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 patient is a 44-year-old male who reported an injury on 04/09/2002. The patient is diagnosed as status post lumbar decompression and stabilization with residual and herniated disc with cervical spinal stenosis at C6-7 with radiculopathy. The patient was seen by [REDACTED] on 08/16/2013. The patient reported improvement in symptoms with the current medication regimen. Physical examination revealed intact motor and sensory function in the lower extremities bilaterally, a well-healed incision in the posterior lumbar spine, decreased cervical range of motion, decreased sensation bilaterally, 5/5 motor strength, and decreased deep tendon reflexes. The patient also demonstrated 50% of normal lumbar spine range of motion with positive straight leg raising bilaterally. Treatment recommendations included an anterior cervical discectomy and fusion at C6-7, and a home health care provider 5 days per week, 8 hours per day for 6 weeks postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, 8 hours a day for 5 days a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines

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

Decision rationale: California MTUS Guidelines state home health services are 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. 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. As per the clinical documentation submitted, there is no evidence that this patient will be homebound or unable to perform activities of daily living following surgery. Significant functional limitations have not been documented. There is also no evidence that this patient would be unable to obtain assistance from outside resources, such as family. Additionally, the current request for home health aide 8 hours per day, 5 days per week, exceeds guideline recommendations of no more than 35 hours per week. Based on the clinical information received, the request is non-certified.