

Case Number:	CM13-0046770		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2010
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 patient is a 57-year-old female who reported injury on 05/23/2010. The mechanism of injury was not provided. The patient underwent an L4-5 fusion exploration, hardware removal, revision of an L4-5 laminectomy and a redo of the right-sided L4-5 posterior instrumented fusion, L5-S1 laminectomy, TLIF and PSF on 09/10/2013. The clinical documentation indicated the patient was receiving home health services. The documentation of 09/23/2013 revealed the patient had a lot of pain and had to be treated in the emergency room due to the pain. The patient was noted to be unable to cook. The documentation indicated the caregivers were providing housekeeping and fixing meals. The request was made for continued home health aide 4 to 6 hours per day for 3 to 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED HOME HEALTH AID 4-6 HOURS PER DAY FOR 3-4 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: California MTUS Guidelines do not recommend home health services unless the patient is homebound and is in need of part-time or intermittent medical treatment. Medical treatment does not include homemaker services or home health aide services. The clinical documentation failed to indicate the patient had a necessity for medical treatment. The documentation indicated the patient was receiving homemaker services. Given the above, the request for continued home health aide 4-6 hours per day for 3-4 weeks is not medically necessary.