

Case Number:	CM13-0048029		
Date Assigned:	04/04/2014	Date of Injury:	08/29/2003
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California 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 67-year-old female with a date of injury of 08/29/2003. The listed diagnoses are cervical spondylosis, grade 1 spondylolisthesis measuring 7 mm at L4-L5, obesity, type-2 diabetes, and severe osteoarthritis of the left knee. The referral was for home health care for 3 hours per day, 3 days a week for 3 months, along with a hospital bed with a trapeze bar. The 08/28/2013 progress report was also reviewed. This shows that the patient complains of severe spinal pain, pain in the neck, low back, and bilateral knees, with the left worse than the right. The patient cannot sit or stand more than a few minutes without being in severe agony, describing constant throbbing sensation in low back with severe shooting pain that radiates to the bilateral legs and charley horse sensations throughout the day in her legs with severity impairing her daily function. The patient could not sleep because of the severity of her symptoms. The patient has increased impairments with activities of daily living including bathing, dressing, undressing, transferring from bed to chair-back again, using the toilet, walking, and performing light household duties. The examinations show that "She has difficulty with ambulation but is not using a supportive device. She has obvious discomfort; however, she uses a walker at home and when she goes out." Listed diagnostic studies, x-rays showing grade 2 unstable spondylolisthesis at L4-L5, disk space collapse at L5-S1. The treatment plan was discussed with the patient's husband and AME report from 05/24/2013 was discussed and the patient was to proceed with lumbar surgery intervention to include L4 to S1 decompression and fusion. The patient wanted to proceed with surgery of the left knee after lumbar spinal fusion. The request was for home health for 8 hours a day for the first 2 weeks postoperative when she returns home.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE - THREE (3) HOURS PER DAY - THREE (3) DAYS PER WEEK FOR THREE (3) MONTHS: Overturned

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

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

Decision rationale: This patient presents with chronic low back pain with radiation symptoms down to both lower extremities. There is a request for home health care and review of the reports show that utilization review authorized the spine surgery with an authorization letter date of 09/19/2013. The request for home healthcare appears to be for postoperative care. Review of the reports show that this patient has multiple problems including neck, low back, and bilateral lower extremities. The patient has difficulty with self-care, transfers, mobility, and uses a front-wheel walker at home. Following surgery, it is likely that the patient will require home care and the treating physician has requested for 3 hours per day, 3 days a week, and for 3 months appears quite reasonable. ACOEM, MTUS, and ODG Guidelines do not discuss postoperative home health care but it is recommended for patients who are home bound per MTUS, page 51. Therefore, recommendation is for authorization.

HOSPITAL BED: 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 [REDACTED] GUIDELINES REGARDING THE USE OF HOSPITAL BED

Decision rationale: This patient is authorized for lumbar spine surgery. The treating physician has asked for a hospital bed with a trapeze handle. MTUS, ACOEM, and ODG Guidelines do not discuss hospital bed. Therefore, [REDACTED] Guidelines were utilized. [REDACTED] Guidelines states that hospital bed is medically necessary if the patient has position requirement of the body to alleviate pain, prevent contractures, avoid respiratory infection, patient's condition requires special attachments, and requires 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. In this case, the treating physician does not explain why this patient requires a hospital bed. It is reasonable to consider a hospital bed for the first couple of weeks following surgery but a permanent placement of a hospital bed does not appear to be a requirement for postoperative care. There are no specific requirements for positioning, no special attachments required, and head of the bed does not need to be elevated in this patient for postoperative recovery. Recommendation is for denial.

