

Case Number:	CM13-0062297		
Date Assigned:	06/20/2014	Date of Injury:	01/22/2009
Decision Date:	07/25/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation 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 injured worker is a 47-year-old female who reported an injury on 01/22/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 09/11/2013 indicated the injured worker was status post anterior L4-5 and L5-S1 discectomy and fusion with reduction, L4-5 spondylolisthesis stage 2 percutaneous bilateral L4, L5, and S1 pedicle screw and rod fixation with EMG monitoring. The injured worker reported she was unable to walk secondary to left leg symptoms, including weakness and burning pain on the plantar aspect of bilateral feet. The injured worker reported using a front wheel walker at home and reportedly had been working with the home physical therapist. However, she is no longer doing any physical therapy. The injured worker reported she needed ambulance transportation because she was not able to walk down a flight of stairs. The physician noted, because of the injured worker's diffuse neurologic complaints and her inability to be unable to move her legs, a neurological consultation was requested. The neurologist concluded that there was no evidence of any organic neurologic deficit and documented the injured worker had inconsistent examination findings. On physical examination, the patient sat comfortably in a wheelchair. The physician noted her mood was agitated, angered, and argumentative. A musculoskeletal exam demonstrated mild diffuse swelling distally in the left lower extremity. The injured worker was unable to stand from the wheelchair and ambulate without assistance. The injured worker's muscle strength revealed diffuse breakaway weakness in bilateral lower extremities left greater than right, sensory examination revealed pinprick sensation 65% of normal on the right L3 dermatome, 50% to the left L3 dermatome, 65% right L4 dermatome, 30% left L4 dermatome, 30% bilateral L5 dermatomes, 60% lateral right S1 dermatome, and 40% lateral left S1 dermatome. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medications were not provided

within the medical records for review. The provider submitted a request for home health care 4 hours a day for 5 days for the 6 weeks status post lumbar surgery. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4 hours a day for 5 days for the next 6 weeks S/P Lumbar Surgery:
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: The California Medical Treatment Utilization Schedule states that 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. The injured worker is status post anterior L4-5 and L5-S1 discectomy and fusion with reduction L4-5 spondylolisthesis and segmental posterior fixation from L4-S1. The documentation submitted indicated the injured worker was provided home health care status post lumbar surgery. There is lack of evidence of the injured worker being homebound or attending any type of rehabilitation program, such as physical therapy, at this time. In addition, homemaker services, like shopping, dressing, and bathing, are not included in medical treatment. Furthermore, the provider did not indicate a rationale for the request. The documentation did not indicate the injured worker would be having lumbar surgery. Therefore, the request for home health care 4 hours a day for 5 days for the next 6 weeks status post lumbar surgery is not medically necessary.