

Case Number:	CM13-0062409		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2010
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
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 Family Practice, 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 47-year-old female who reported an injury on 06/02/2010. The mechanism of injury occurred while the patient was scrubbing the pavement at work. A review of the medical records reveals the patient underwent a L3 to L5 anterior lumbar interbody fusion with placement of interbody cages and instrumentation at L3-4 and L4 5 on 09/16/2013. The patient's diagnoses include post-laminectomy syndrome and foraminal stenosis. The most recent progress note dated 11/20/2013 reveals the patient reported continued pain, which she rated 6/10. She stated that her pain was well controlled with her current medication regimen. The patient also reported she had been participating in a rehabilitation program, and had completed 6 sessions of physical therapy and requested more. Objective findings upon examination included bilateral lower extremities strength measured at 4-5/5. The patient walked with an antalgic gait. It is also mentioned that outpatient aquatic therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide: 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: Per California MTUS, it is stated that home health services are recommended only for patients who are homebound, on a part time or "intermittent" basis generally for no more than 35 hours a week. There is no documentation provided in the medical records of the patient having any significant deficits that would warrant the medical necessity for the use of a home health aide. It is noted in the most recent clinical note that the patient was requesting outpatient aquatic therapy, which contradicts the patient's need for a home health aide. There is no documentation suggestive that the patient is homebound at this time. Therefore, the medical necessity for the requested service cannot be determined at this time. As such, the request for Home Health Aide is non-certified.