

Case Number:	CM13-0062708		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2001
Decision Date:	04/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, 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 58-year-old female who reported injury on 02/05/2001. The mechanism of injury was noted to be a motor vehicle accident. The patient's diagnoses were noted to include degenerative lumbar/lumbosacral intervertebral disc disorder. The patient underwent an L2-5 decompression and fusion on 09/12/2013. The recent documentation of 11/04/2013 revealed the patient was having difficulty in her activities of daily living, dressing, and grooming and homemaking skills. The request was made for in home support services including impairments and activities of daily living and for home occupational therapy until the patient was cleared by an orthopedic surgeon to participate in outpatient therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home support - home health aide 2 x per week x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back Chapter & <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

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

Decision rationale: The MTUS Guidelines indicate that home health services are recommended for patients who are homebound and who are in need of part time or intermittent medical treatment for up to 35 hours per week. Medical treatment does not include homemaker services or personal care given by home health aides. Clinical documentation submitted for review indicated the employee had a need for homemaker services and home health aide services. There was a lack of documentation indicating the employee was homebound and was in need of medical treatment. Given the above, the request for home support home health aide 2 times a week times 4 weeks is not medically necessary.

In-home support - Occupational Therapy 2 x per week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-25.

Decision rationale: The MTUS Postsurgical Treatment Guidelines indicate that the treatment for postoperative fusions is 34 visits over 16 weeks. The initial visits are to be half the number of the recommended visits. The physician documented that the employee needed occupational therapy at home until being cleared by the orthopedic surgeon to participate in outpatient therapy; however, clinical notes from the orthopedic surgeon were not provided to support the employee's need for in home therapy versus outpatient therapy. There was a lack of information from the orthopedic surgeon as to the employee's post-operative course that would necessitate the employee continuing to need to be homebound and not able to participate in outpatient therapy 2 months out from surgery. Given the above, the request for in home support occupational therapy 2 times a week times 4 weeks is not medically necessary.