

Case Number:	CM13-0067553		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2009
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 an injury on 04/25/2009. The mechanism of injury was noted to be the patient was in her bus and was parked in a bus line, sitting in her seat when another bus ran into the patient's bus. The patient underwent an L4-5 and L5-S1 interbody fusion in 2008, a lumbar fusion in 2011, a cervical fusion and L3-4 decompression and fusion with posterior fusion from L3 to sacrum with posterior fixation in 2012, and an L2-3 anterior lumbar discectomy with interbody fusion on 10/09/2013. The prescription dated 10/22/2013 revealed the patient needed help with transferring, transportation, meal preparation, and light housekeeping. The request was made for a home health aide 8 hours per day 5 days per week for 2 weeks. The patient's diagnoses were noted to include status post L2-3 anterior and posterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid (6) hours per day for (5) days per week for (2) weeks (post lumbar surgery): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services

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

Decision rationale: California MTUS indicates that home health services are recommended only for patients who are home bound and who are in need of part time medical treatment. Medical treatment does not include home maker services or personal care given by home health aides. The clinical documentation submitted for review indicated the patient would be in need of assistance with transferring, meal preparation, transportation, and light housekeeping. There was a lack of documentation indicating the patient had a need for medical treatment. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for a home health aide 6 hours per day for 5 days per week for 2 weeks (post lumbar surgery) is not medically necessary.