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| <b>Case Number:</b>   | CM13-0067663 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 09/23/2011 |
| <b>Decision Date:</b> | 06/13/2014   | <b>UR Denial Date:</b>       | 11/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 General Surgery 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 injured worker is a 58-year-old male who reported an injury on 09/23/2011 after walking behind a rubber tire loader, which reportedly caused a sudden onset of severe back pain. The injured worker's treatment history included physical therapy, multiple medications, a right-sided L4-5 hemilaminectomy, and epidural steroid injections. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had decreased sensation in the L4-5 distribution with a positive straight leg raising test bilaterally. The injured worker's diagnoses included L3-4, L4-5 stenosis with neurogenic claudication. The injured worker's treatment plan included recommendation for surgical intervention with postoperative care to include healthcare for wound cleaning and assistance with activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH CARE FOR WOUND CLEANING AND ASSISTANCE WITH DAILY LIVING ACTIVITIES (4 HOURS DAILY FOR 2 WEEKS POSTOPERATIVELY):**

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), Low Back Chapter (Updated 10/09/13), Home Health Services.

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

**Decision rationale:** The requested home health care for wound cleaning and assistance with activities of daily living 4 hours daily for 2 weeks postoperatively is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health assistance when injured workers are homebound on a part time or intermittent basis. The request indicates that the injured worker will undergo surgery and require postsurgical care. However, the clinical documentation submitted for review did not provide any evidence that the injured worker had authorization to proceed with the surgery or that surgical intervention was scheduled for the injured worker. Additionally, the clinical documentation did not provide any support that the injured worker would not be able to participate in activities of daily living independently and provide self care for wound cleaning that would require assistance. As such, the requested home health care for wound cleaning and assistance with daily living activities 4 hours daily for 2 weeks postoperatively is not medically necessary or appropriate.