

Case Number:	CM13-0071112		
Date Assigned:	01/08/2014	Date of Injury:	06/26/2010
Decision Date:	05/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 gentleman who was injured in a work related accident on 06/26/10. He sustained an injury to the low back. The clinical records for review include an 11/27/13 Authorization Request approving the claimant for a L5-S1 fusion procedure with instrumentation. Specific to the surgical process at hand, there is a postoperative request for use of home health services two hours per day six days per week for six weeks in the postoperative setting. Further clinical records are not pertinent to the specific request at hand. There are no other specific requests in regard to the claimant's course of indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health, home care 2 hours per day 6 days per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, home health care assessment 12 hours per week for six weeks would not be indicated. The claimant is to undergo a one level fusion with no clinical indication of a homebound status for a six week period of

time. It would be unclear as to what measures the home health care would provide during this six weeks of care. This specific request in this individual undergoing one level fusion procedure would thus not be indicated.