

Case Number:	CM13-0071365		
Date Assigned:	01/22/2014	Date of Injury:	04/12/2011
Decision Date:	06/06/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 Geriatrics and is licensed to practice in New York. 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 56 year old man with a date of injury of 4/12/11. He was seen by an orthopedic consulting physician on 10/14/13 with complaints of neck, back and leg pain. His physical exam showed pain with extreme cervical range of motion with spasm in the paracervical muscles and trapezial ridge with raditation and numbness to his upper extremities in a C6-7 distribution. His muscle strength in his upper extremities was 5/5 and symmetric. He had moderate pain in his low back with range of motion and radiation to L5 distribution with decreased sensation in L5-S1 distribution. He could not walk more than 20 meters without pain. Straight leg raise was negative and reflexes were 2+ in both knees and ankles. His diagnoses were cervical strain with disc bulge at C5-6 and C6-7 and lumbar discogenic disease and stenosis. Lumbosacral fusion surgery from L4-S1 anterior/posterior was requested. At issue in this review is home health post operative care for wound care and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH EVAL POST OP 4X5X2 FOR WOUND CARE AND MEDICATION MANAGEMENT: Upheld

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

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

Decision rationale: This injured worker has chronic back pain spinal stenosis and ambulation limited to 20 meters by history due to pain. Per the MTUS, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request is for post operative wound care and medication management though the records do not support that he is homebound and cannot predict his homebound status post-operatively. The request is not medically necessary or appropriate.