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| Case Number: | CM14-0000374 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 05/18/2013 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

This is a patient with a date of injury of May 18, 2013. A utilization review determination dated December 23, 2013 recommends non-certification of home health care. A progress report dated December 31, 2013 identifies subjective complaints indicating that the patient had surgery in December including a C5-6 and C6-7 anterior cervical discectomy and fusion. The note indicates that the patient is waiting to see an ophthalmologist. The patient underwent a right knee arthroscopy on October 16, 2013 with ongoing pain in that area. The treatment plan recommends an intra-articular cortisone injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH 4 HOURS/DAY FOR 3 DAYS/WEEK FOR POST-OP ANTERIOR CERVICAL 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), and Centers for Medicare & Medicaid Services (CMS, 2004).

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

Decision rationale: Regarding the request for home health care, the California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and is in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.