

Case Number:	CM14-0100209		
Date Assigned:	09/23/2014	Date of Injury:	11/30/2006
Decision Date:	12/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old male who had a work injury dated 11/30/06. The diagnoses include lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified. The patient underwent a posterior L5-S1 decompression and fusion on 6/20/08. Treatment has included medications, physical therapy and injections. There is a plan scheduled for hardware removal on 5/23/14. Under consideration are requests for home health care/aid 8 hours per day for five days a week for two weeks postoperatively. There is a 3/20/14 document that states that the patient is returning with continued significant lower back pain radiating into the lower extremities. The patient states that he has fallen due to instability and weakness in the legs. Authorization has been received for lumbar hardware removal. He is ready to proceed but he is worried about postoperative care as well as having to discontinue working since he is supporting his family. There is a request for post op PT and authorization for two weeks of home health care, eight hours daily/ five days week. The patient lives alone and is worried he will have difficulty with his daily hygiene items, including bathing and dressing himself. A 5/15/ 14 appeal for home health care states that an appeal for home health has been requested to be provided eight hours a day for five days a week for a period of only two weeks postoperatively. The patient lives alone and is worried he will have difficulty with his daily hygiene items including bathing himself, dressing himself, and using the bathroom. He requires home health care five days a week, eight hours per day for only two weeks postoperatively since he was alone and he will have difficulty with his activities of daily living postoperatively. There is a 5/24/14 document from the ER that states that the patient came via ambulance for blood soaked dressings. The physical exam states that the patient moves all four extremities with 5 out of 5 strength. Postop site lumbar back, blood soaked dressing removed, Steri-Strips in place, no

active bleeding initially. Dry sterile dressing applied. Patient's lab work shows a mild anemia but nothing else. The diabetes was well controlled. The document states that the patient came in with blood soaked dressings. In emergency room there was minimal bleeding seem to be a clear serous sanguineous fluid discharge. The surgeon recommends the dressing to be changed and the patient to be sent home. He says it's not possible to be spinal fluid. Patient was told he will be discharged and to follow-up with his doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE/AIDE 8 HOURS PER DAY FOR FIVE DAYS A WEEK FOR TWO WEEKS POSTOPERATIVELY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH Page(s): 51.

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

Decision rationale: Home health care/aid 8 hours per day for five days a week for two weeks postoperatively per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that home health is 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 documentation is not clear on what medical treatment the patient will require for 8 hours per day 5 days per week. Additionally the MTUS does not recommend over 35 hours per week. The request for home health care/aid 8 hours per day for five days a week for two weeks postoperatively is not medically necessary.