

Case Number:	CM14-0015000		
Date Assigned:	02/28/2014	Date of Injury:	04/11/2001
Decision Date:	07/21/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery 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:

The patient is a 51-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 04/11/2001. Medical records from 07/29/2013 to 12/30/2013 were reviewed and showed that patient reports a slight decrease in his usual pain following surgery. Physical examination showed that the incision is healing very well. No other post-operative physical examination findings were noted in the progress reports. Treatment to date has included medications, physical therapy, ESI, anterior cervical discectomy and fusion (2001), anterior posterior L5-S1 fusion (2004), and L3-L5 transforaminal lumbar interbody fusion and L5-S1 hardware removal (12/12/2013). Utilization review, dated 01/31/2014, denied the request for continuation of home care. The reason for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION OF HOME CARE 8 HRS/DAY X 14 DAYS: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 51 states that 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. In this case, patient reports a decrease in his usual pain following surgery. The medical records submitted for review state that home care in this case home care was prescribed as the patient is at risk for pseudoarthrosis following multi-level spinal fusion. However, there was no record of any evaluation report that would show evidence of the need for continued home health aide. Progress notes also failed to document findings that would substantiate that the patient is truly homebound. Therefore, the request for CONTINUATION OF HOME CARE 8 HRS/DAY X 14 DAYS is not medically necessary.