

Case Number:	CM14-0120297		
Date Assigned:	09/16/2014	Date of Injury:	12/15/1999
Decision Date:	12/31/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 12/15/1999. Mechanism of injury is described as striking a step. Patient has a diagnosis of lumbar spondylosis, grade 1 degenerative spondylolisthesis L4-5, unstable, cervical spondylolisthesis, neck pain, cervical spine stenosis. Patient is post L knee total arthroplasty (no date documented) and C4-7 anterior cervical discectomy and fusion on 12/16/11. Patient is also post L4-5 extreme lateral inter body fusion with posterior fusion and L3-4 laminectomy on 3/25/14 and a L3-4 lateral inter body fusion with posterior fusion and instrumentation at R L3-4 with revision of L3-4 neuroforaminotomy on 5/10/14. Medical reports reviewed. Last report available until 7/3/14. Patient is 2 months since surgery. Patient had reported 3 falls over 2 weeks requiring ER visit and admission on during one of the episodes. Patient complains of R lower extremity collapse with weight bearing. Has reported ongoing physical therapy. Patient is reportedly using a wheelchair. Objective exam reveals clean dry and intact lumbar incisions. None-tender on palpation to midline lumbar or trochanteric region. Strength is 5-/5 on L knee flexion but strength was normal otherwise. Sensation was intact. Home care aide notes merely states that patient was being assisted into shower, toilet aid and walking with client. Review of other notes show high fall risk and maximal assistance in moving or ambulation. Independent Medical Review is for home health aide for 2 months, 35 hours per week. Prior UR on 7/15/14 recommended modification of services. Original request was for 24/7 service for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 24/7 x2 months: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35 hours per week. Patient requires maximal home care and is homebound, however the request for 24/7 service exceeds the 35 hour per week threshold recommended by MTUS guidelines. Therefore, the request for 24/7 home health aide for 2 months is not medically necessary.