

Case Number:	CM14-0128432		
Date Assigned:	08/15/2014	Date of Injury:	12/15/2004
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 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 60-year-old male patient with a 12/15/04 date of injury. The patient slipped and fell while climbing out of a pit while working. The exact mechanism was uncertain but the injury resulted in his chest/ribs, lower extremities, upper/lower extremities, upper/lower back and neck. Preoperative notes from the primary treating surgeon on 7/23/14 noted some neck soreness. Objective findings: Cervical ROM with mild to moderate decrease with extension, and rotation to the right. Muscle strength exam noted weakness and mild atrophy in the right deltoid and biceps. Diagnostic impression: Spinal stenosis, lumbar without claudication, Thoracic disc degenerative disease, Cervical spondylosis. Treatment to date: Activity modification, medication management, physical therapy cervical collar, epidural intervertebral biomechanical device, cervical discectomy and fusion C3-C7 12/28/10, lumbar fusion L5-S1 4/9/11, Cervical exploration and removal of instrumentation 8/4/14, Inpatient rehab 8/14/14 secondary to postop phlebitis. A UR decision modified the request for Home health, 64 hours, was modified to include approval for a Home and Patient Evaluation to assess the level of need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health, 64 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck-Cervical spine (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck-Cervical Spine Chapter.

Decision rationale: The California MTUS Guidelines do not address this. The ODG recommends only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis. 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 UR decision notes state in the UR document that the patient was requesting assistance with feeding his animals and livestock as his wife worked 5 days per week. The ODG does not support non-medical care activities as a part of home health responsibilities. Therefore, the request for Home health, 64 hours was not medically necessary.