

Case Number:	CM14-0162989		
Date Assigned:	10/08/2014	Date of Injury:	09/26/2006
Decision Date:	12/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 43 year old male who sustained a work related injury on Nov 26, 2006 as result of an unknown mechanism of injury. He underwent lumbar fusion on Sept 6, 2011 with revision on July 27, 2012. The patient is scheduled for an ACDF (Anterior Cervical Discectomy and Fusion) at C5-6. According to recent progress reports the patient will have family available during the recovery period. In dispute is a decision for Home health services 2 hours per day, 6 days a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services 2 hours per day, 6 days a week for 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 51.

Decision rationale: Per the Guidelines regarding Home Health Services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Early discharge after hip arthroplasty with home support resulted in re-admission rates less than 1% and high patient satisfaction. Although the medical documentation

states that family will be available to assist the patient's activities of daily living needs during the recovery period following his ACDF at C5-6, when family is not available additional care is required. The request is medically necessary.