

Case Number:	CM14-0169671		
Date Assigned:	10/17/2014	Date of Injury:	03/01/1994
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopaedic 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:

This 68-year-old female sustained an industrial injury on 3/1/1994. The mechanism of injury was not documented. Past surgical history was positive for bilateral arthroscopic shoulder surgery, right upper extremity radial tunnel decompression and common extensor release, pinning of the right wrist, 3-level anterior cervical discectomy and fusion with C4/5 total disc arthroplasty, L5/S1 laminectomy, and bilateral sacroiliac joint fusions. The 9/22/14 spine surgeon letter indicated that the patient was scheduled for an L4-S1 anterior fusion and L5/S1 posterior fusion with instrumentation on 10/14/14. He recommended the services of a home health aide four hours per day post-operatively. The patient lived alone and would be temporarily homebound. She did not have a family support system in place. Given the choice between being discharged to a skilled nursing facility or home health care, the patient would choose home. She would require help with activities of daily living, such as personal hygiene, meal preparation, and basic household chores. The 10/2/14 utilization review modified the request for a daily home health aide 4 hours/day for 4 weeks and approved a post-operative evaluation by a home health agency registered nurse to assess the appropriateness of a home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4hrs per day/7 days per week/ for 4 weeks post-operative: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ██████ Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services)

Decision rationale: The California MTUS recommends home health services only for otherwise recommended 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. ██████ provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. The 10/2/14 utilization review modified this request and approved a post-operative evaluation by a home health agency registered nurse to assess the appropriateness of a home health aide. Guidelines typically require in-home skilled nursing or rehabilitation services to support the medical necessity of a home health aide. The current certification allows for medical necessity to be established post-operatively consistent with guidelines. Additional certification is not supported at this time. Therefore, this request of Home health aide 4hrs per day/7 days per week/ for 4 weeks post-operative is not medically necessary and appropriate.