

Case Number:	CM14-0172780		
Date Assigned:	10/23/2014	Date of Injury:	04/16/2004
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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:

This 63-year-old female sustained an industrial injury on 4/16/04. The mechanism of injury was not documented. Past surgical history was positive for anterior cervical discectomy and fusion from C3 to T1 on 9/20/11, and exploration with revision fusion at C6-T1 on 7/26/13. The 7/16/14 treating physician report cited severe neck pain and spasms, especially along the fusion area. She was diagnosed with a fascial defect of the cervical dorsal fascia. The treatment plan recommended posterior cervical fascia repair. This request was approved in utilization review and the patient was scheduled to undergo wound closure with repair of the posterior cervical fascia on 10/9/14. A request for home health care 3x6 after surgery was submitted. The 10/8/14 utilization review denied the request for home health care as the patient was not likely to have any complications from surgery to warrant any active medical care at home and home health care for activities of daily living was not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 3x6 for after surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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. Guideline criteria have not been met. There is no clear documentation as the type of home health services being recommended for this patient to establish medical necessity. There is no indication that this patient would be homebound following this procedure. Therefore, this request is not medically necessary.