

<b>Case Number:</b>	CM14-0023963		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/19/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Illinois. 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 injured worker is a 66-year-old female who reported an injury on 01/19/2009. The mechanism of injury was not provided for review. Within the clinical note dated 01/19/2014, reported the injured worker complained of a sense that her severe pain would reoccur. The injured worker underwent a laminectomy and posterior spinal fusion with instrumentation and PLIF from L3 to S1 on 01/13/2014. The injured worker noted she had been utilizing ice packs and Norco for pain. Within the clinical note dated 03/13/2014, the provider noted upon the physical examination the incision is clean and dry and there is no evidence of infection. The provider recommended home care postop 2 times a week for 2 hours per day for 3 weeks. The request for authorization was submitted and dated 01/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CARE-POST-OP TWO TIMES A WEEK FOR TWO HOURS PER DAY FOR THREE WEEKS:** 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:** The request for home care postop 2 times a week for 2 hours per day for 3 weeks is not medically necessary. The injured worker complained of a concern for her severe pain to reoccur following her laminectomy and posterior spinal fusion. The California MTUS Guidelines recommend home care only for otherwise recommended medical treatment for patients who are homebound, on part-time or intermittent basis, generally up to no more than 35 hours per week. 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. There was lack of clinical documentation indicating the injured worker to be homebound, or on part-time or intermittent basis. The medical necessity for homecare services was not established in the clinical documentation submitted. In addition, the request did not specify the type of homecare treatment that is needed. Therefore, the request for homecare postop 2 times a week for 2 hours per day for 3 weeks is not medically necessary.