

<b>Case Number:</b>	CM14-0039808		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 is a 64-year-old female who was injured in a work-related accident on 11/26/02. The clinical records indicate that she recently underwent a C5-6 and C6-7 anterior cervical discectomy and fusion in December, 2013. There is a clinical request to for home health services following surgery, four hours per day/seven days per week for two weeks and then two hours per day/seven days per week for four additional weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Services Post Surgery 4 hours per day/7 days a week for 2 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:** Based on California MTUS Guidelines, the request for home health services four hours a day, seven days a week, for two weeks would not be indicated. There is no documentation within the medical records to explain why the claimant would require home health services seven day per week based on her current clinical presentation. The role of home

health services is not clearly defined. It is unclear as to what specifically would be performed. The request in this case would not be indicated.

**Home Health Services Post Surgery 2 hours a day/7 days a week for 4 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:** Additional home health services two hours a day, seven days a week for four weeks following the two initial weeks (i.e. at six weeks postop) also would not be indicated. At that time frame, there would be nothing to make this claimant home bound on a part-time or intermittent basis. The specific request for continued home health services would not be indicated.