

Case Number:	CM14-0040172		
Date Assigned:	06/27/2014	Date of Injury:	11/04/2008
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 51-year-old male sustained an industrial injury on 11/4/08. Injury was sustained when he slipped in a puddle of water and oil while carrying a box of fish and fell backwards with a twisting motion. Records indicate that the patient had been certified for anterior/posterior lumbar fusion at L4/L5 and L5/S1 which was scheduled for 2/28/14. The 2/14/14 medical report indicated the need for post-op wound care, physical therapy, occupational therapy, and home health aide. The 2/28/14 utilization review modified the request for skilled nursing evaluation and treatment and approved one skilled nursing evaluation visit. The request for a home health aide for assistance with activities of daily living was denied as there was no evidence that the patient would be homebound on a part-time or intermittent basis. The patient was admitted to the hospital on 2/28/14 and underwent the planned surgical procedure the same day. The 3/3/14 discharge report indicated the patient was discharged home with his wife and family. The hospital course was without complication. He was using a wheeled walker and no special wound care instructions were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled Nursing Evaluation and Treatment (wound care, no number of visits specified):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

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. The 2/28/14 utilization review modified the request for skilled nursing evaluation and treatment (wound care) and approved one skilled nursing evaluation visit. There was no clear evidence of the need for specialized wound care. The partial certification for one visit was reasonable to allow assessment of the wound and provide instruction of the family regarding proper wound care. The medical necessity of additional treatment was not established. There was no documentation of post-operative infection. Therefore, this request for skilled nursing evaluation and treatment (wound care, no number of visits specified) is not medically necessary.

Home health aide to assist with Activities of Daily Living (ADLs) 4 hours per day, 5 days per week, for 2 weeks (40 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

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: Medicare 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 and generally no more than 35 hours per week. Medical treatment does not include homemaker services, like shopping, cleaning, and laundry, or personal care given by home health aides, like bathing, dressing, and using the bathroom, when this is the only care needed. Medicare provides these specific patient selection criteria for in-home services: 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 therapy for a speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is confined to the home. Home evaluations by a skilled nurse, physical therapist and occupational therapist were certified but there is no indication that on-going services would be required. Furthermore, this request exceeds the maximum allowance of home health services allowed under guidelines when criteria are met. Therefore, this request for home health aide to assist with activities of daily living (ADLs) 4 hours per day, 5 days per week, for 2 weeks (40 hours) is not medically necessary or appropriate.

