

Case Number:	CM14-0049301		
Date Assigned:	06/25/2014	Date of Injury:	01/16/2012
Decision Date:	08/20/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 Nevada. 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 63-year-old male who was reportedly injured on January 16, 2012. The mechanism of injury is noted as a fall. The injured employee is status post a lumbar spine laminectomy and fusion performed on February 10, 2014. The attached medical record contains a follow-up appointment in therapy dated February 16, 2014. The note on this date states that the injured employee requires assistance with bathing/showering, dressing, transfers, preparing meals, and light housekeeping. It was stated that the injured employee's family assists him with these tasks. A request had been made for a home health aide for 14 days for assistance with activities of daily living post lumbar fusion and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide x14 days for ADL assistance post lumbar fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

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

Decision rationale: According to the note dated February 16, 2014, although the injured employee requires assistance with activities of daily living his family members are available and are currently helping him perform these tasks. Considering this, it is unclear why there is request for a home health aide for assistance. Therefore this request for a home health aide for 14 days for activities of daily living assistance post lumbar fusion is not medically necessary.