

Case Number:	CM14-0057945		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2003
Decision Date:	08/28/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation 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 53 year-old patient sustained a low back injury on 7/1/2003 while employed by [REDACTED]. Request(s) under consideration include Post Op Dog Walker 5 X a week for 1 month. Report of 3/24/14 from the provider noted the patient continues with chronic low back and leg pain. The patient was scheduled for lumbar spine surgery with decompression/laminectomy at L4-5 with fusion and instrumentation at L4-S1 on 4/7/14. Treatment plan included post-op inpatient stay of three days. The provider noted the patient lives alone, will be needing home health, and his dog will need to be walked at least 5 times a week for the duration of the patient's recovery. Request(s) for Post Op Dog Walker 5 X a week for 1 month was non-certified on 3/31/14 citing guidelines criteria and lack of medical necessity along with insurer to address post-op services for non-medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Dog Walker 5 X a week for 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back, Home Health.

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines Home health services, page 52: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a 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. (CMS, 2004, page 52.)

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. Home health treatment relates to the patient's medical conditions requiring nursing care and therapy and does not include dog walking. Guidelines are silent on dog walking care for post-op period recovery. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for dog walking. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living or clear neurological deficits. The Post Op Dog Walker 5 X a week for 1 month is not medically necessary and appropriate.