

Case Number:	CM14-0077275		
Date Assigned:	07/18/2014	Date of Injury:	01/24/1995
Decision Date:	09/11/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Pennsylvania. 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 60-year-old gentleman who was injured on 1/24/95, sustaining injury to the low back. The clinical records for review include a 4/14/14 PR2 report indicating severe lower extremity complaints on the right. At that time, he was noted to be utilizing a wheelchair with well-healed prior lumbar incisions, marked positive straight leg raise with strength deficit, and breakaway weakness to the right lower extremity diffusely. Lumbar radiographs demonstrated failed hardware at the L3-4 level. With no evidence of bony bridging from prior fusion, a revision fusion and instrumentation was recommended at that time. There was treatment requested at that date for continued use of a home health aide five days per week for an additional two weeks in this individual's course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide (5 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 Chronic Pain Medical Treatment Guidelines, a home health aide would not be indicated. Specific use of a home health aide in this individual has not been indicated. Specific services that this individual was to receive were not noted. Home health services are typically recommended only for otherwise homebound individuals on an intermittent basis but would not include homemaker services, only medical treatment. Without documentation of specific medical treatment from the aide, the specific request in this case would not be supported. Therefore, the request for home health aide (5days a week for 2 weeks) is not medically necessary.