

Case Number:	CM14-0093137		
Date Assigned:	09/12/2014	Date of Injury:	06/04/2013
Decision Date:	10/07/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/19/2014

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 New York. 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 patient has a date of injury June 4, 2013. The patient is diagnosed with degenerative disc condition. The patient is single level lumbar laminectomy and fusion performed. Documentation dated April 30, 2014 notes improvement postoperatively but still some problems placing weight on the left leg. Physical examination shows normal motor strength and intact sensation in the bilateral lower extremities. At issue is whether continued home health aide is recommended postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue home health aide 8hrs/day X 5 days/week X 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: This patient does not meet establish criteria for home health aid at this time. The patient is single level lumbar laminectomy and fusion. The reports indicate that the patient has improved somewhat postoperatively. Motor exam and sensory examination normal in the legs. MTUS guidelines note that home health services may be indicated when the patient is

homebound. In this case the patient has good strength and sensation and there is not significant evidence in the medical records that indicate that the patient requires home care. There is no documentation a functional limitations that would require this patient to have home care. Therefore, the medical necessity criteria for home care not met at this time.