MAXIMUS Federal Services

Case Number:	CM14-0192160		
Date Assigned:	12/03/2014	Date of Injury:	07/24/2001
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 Minnesota. 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 52-year-old female with a history of industrial injury to her lower back in 2001. She underwent an anterior/posterior lumbosacral fusion for spondylolisthesis at L5-S1 on September 18, 2014. She was discharged from the hospital on September 29, 2014. On October 1, 2014 she was noted to be using a walker with wheels and did not have any major sensory or motor dysfunction. She was advised to continue with medications. A lumbar brace was prescribed. A home health service evaluation of October 3, 2014 revealed continuing pain at high levels, controlled by medication. There was some limited mobility but she was able to ambulate with a walker. She needed some assistance with bathing and putting on lower extremity clothing. On October 21, 2004 there was a request for home care evaluation/PT evaluation/safety evaluation 5 days per week 4 hours per day for 2 weeks. Utilization review approved 10 home care physical therapy/occupational therapy treatments but noncertified home care for the back citing California MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services: home care evaluation, including safety and physical therapy, 4 hrs daily, 5 days weekly for 2 weeks, for back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51,Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Physical therapy, post-surgical (fusion) rehabilitation

Decision rationale: California MTUS guidelines indicate home health services are 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 a homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides leg bathing, dressing, and using the bathroom when this is the only care needed. Documentation from October 3, 2014 indicates need for assistance with bathing and dressing. The documentation indicates 10 home physical therapy/occupational therapy visits were approved by utilization review. ODG guidelines indicate delayed start of rehabilitation results in better outcomes after lumbar spinal fusion and improvements in the group starting at 12 weeks were 4 times better than that in the 6 week group. California MTUS guidelines recommend 34 visits over 16 weeks for a spinal fusion. The postsurgical physical medicine treatment. Is 6 months. The initial course of therapy is one half of these visits which is 17. These are outpatient visits and the guidelines do not specify home health for these visits although home health services are recommended if the patient is homebound. After approval of the 10 visits, a request for additional information was sent on October 28, 2014 asking for more current reporting to support the request for physical therapy, safety evaluation and home care including a recent history and physical and functional limitations. However, there was no response. Based upon the above guidelines, in the absence of the requested information, the request for home health services 5 days a week for 2 weeks as stated was not medically necessary.