

Case Number:	CM14-0210822		
Date Assigned:	12/23/2014	Date of Injury:	04/12/2009
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice, 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:

62 yr. old male claimant sustained a work injury on 4/12/09 involving the neck. He was diagnosed with cervical disk disease and underwent a laminectomy. He underwent a cervical foraminotomy revision, C6-C7 fusion and re-exploration of a prior laminectomy on 9/9/14. On 9/18/14 the claimant was admitted for a surgical wound infection for which he underwent operative intervention and received IV antibiotics. The physician had requested attending care from 9/9/14-9/29/14 after the 1st surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Attending care (home health nurse) DOS: 9.9.14- 9.29.145: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

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

Decision rationale: 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 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. In this case, the reason for attending care was not clarified nor the amount of hours. As a result, the request above is not medically necessary.