

Case Number:	CM14-0075699		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2009
Decision Date:	01/02/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 3, 2009. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for a home health aide to perform dressing changes following a surgery and denied a request for a home health aide to perform activities of daily living for the 14 days following surgery. The claims administrator stated that its denial was based on the fact that the applicant had no-showed for a planned lumbar fusion surgery. In an April 25, 2014 progress note, the applicant reported ongoing complaints of low back pain. It was stated that the applicant was set to undergo a staged procedure, namely a lumbar fusion surgery, on April 28, 2014. It was stated that the applicant needed a home health aide for daily dressing changes and wound care for 14 days postoperatively and also needed a home health aide to perform activities of daily living at a rate of two to three hours a day, to include housekeeping and shopping. It was stated that the applicant lived alone and that his sole family member, his daughter, lived out of state. No other progress notes were on file. The operative report in question was not on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse for daily dressing changes for 14 days: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical treatments to applicants who are homebound. Here, the applicant could reasonably or possibly be expected to be homebound for one to two weeks following major multilevel lumbar fusion surgery. Provision of a home health aide to perform wound care postoperatively was/is indicated. Therefore, the request was/is not medically necessary.

Home health aid 2-3 hours/day for activities of daily living for 14 days following surgery:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that homemaker services such as the assistance with activities of daily living being sought here are not recommended as standalone services, in this case, the applicant was/is concurrently receiving home health care/wound care postoperatively. Concurrent provision of a home health aide to facilitate performance of activities of daily living, including housekeeping services, were/are temporarily indicated postoperatively/perioperatively. Therefore, the request was/is medically necessary.