

Case Number:	CM15-0002686		
Date Assigned:	01/13/2015	Date of Injury:	11/12/2013
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 a 51-year-old male who reported an injury on 11/12/2013 after climbing into a truck to clean windows. The injured worker's history was significant for left shoulder surgery and lumbar fusion from the L3 to the L5, followed by hardware removal. The injured worker's treatment history included physical therapy, a TENS unit, and medications. The injured worker's diagnoses included L4-5 pseudarthrosis, status post anterior and posterior L3 through L5 fusion, status post posterior lumbar hardware removal, diabetes mellitus, and erectile dysfunction. The injured worker was evaluated on 12/03/2014. Physical examination findings included well healed incision of the lumbar spine with painful range of motion decreased by 50% and difficulty rising from a seated to standing position. It was noted that the injured worker had undergone x-rays that indicated lucencies. The injured worker's treatment plan included revision fusion and instrumentation from the L3 to L5 levels. A request was made for home health for the first 5 days postoperatively for 6 hours per day. A Request for Authorization dated 12/11/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health for 5 days post-op for 8 hrs daily: Upheld

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

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

Decision rationale: The requested partial certification for home health for 5 days postoperatively for 6 hours is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that home health care be provided to injured workers who are home bound on a part time or intermittent basis. The clinical documentation submitted for review does indicate that the injured worker is a surgical candidate for fusion revision. However, there is no indication that the injured worker requires in home patient care. There is no documentation that the injured worker will be homebound following surgical intervention. As such, the requested partial certification for home health for 5 days postoperatively for 6 hours is not medically necessary or appropriate.