MAXIMUS Federal Services

Case Number:	CM15-0009034		
Date Assigned:	01/27/2015	Date of Injury:	09/28/2013
Decision Date:	04/09/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 female who sustained an industrial injury on 9/28/13. She was diagnosed with grade 1 dynamic spondylolisthesis at L4/5, grade 1 retrolisthesis with severe disc space collapse at L5/S1, and bilateral lumbar radiculopathy. Patient underwent a complex anterior L4/5 and L5/S1 interbody discectomy, placement of intervertebral cages, and fusion with instrumentation, followed by posterior decompression and instrumentation from L4 to S1 on 12/10/14. She made relatively slow progress in the hospital, and was transferred to an extended care facility for further rehab with physical and occupational therapy. The patient was discharged from inpatient rehabilitation on 1/9/14. The treating physician report indicated the injured worker had transitioned to the home environment. He indicated that she was home bound and was performing a walking program in addition to rehabilitation. There was no current medical issues documented requiring home treatment. On 1/9/15, utilization review non-certified the request for home health: occupational therapy 3 times a week for 4 weeks, home health: physical therapy 3 times a week for 4 weeks and home health nursing 3 times a week for 4 weeks. The rationale for non-certification cited no evidence that the injured worker was homebound or requiring in-home medical treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The 1/15/15 treating physician report indicated the patient had significant improvement of her severe sciatic/radicular leg pain. She had some residual low back pain and numbness around the anterior abdominal incision. Physical exam documented a small slight wound seroma anteriorly, however the incision was intact and well-healed with peri-incisional numbness. The posterior incisions looked pristine and intact. The treatment plan recommended

continued daily walking program of two, twenty-minute sessions with the use of the brace. Referral for evaluation of the wound seroma was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health: Occupational Therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51,Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Guidelines would support post-op therapy to a cumulative total of 34 visits over 16 weeks, during the post-surgical physical medicine treatment period. Guideline criteria have not been met. There is no evidence that the patient is homebound and unable to attend outpatient rehabilitation. There is no rationale provided to support the medical necessity of additional occupational therapy in addition to physical therapy at this time. Therefore, this request is not medically necessary.

Home Health: Physical Therapy 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Post-surgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Guideline criteria have not been met. There is no evidence that the patient is homebound and unable to attend outpatient rehabilitation. Therefore, this request is not medically necessary.

Home Health Nursing 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Guideline criteria have not been met. There is no evidence that the patient is homebound and in need of medical treatment that cannot be provided in an outpatient clinical setting. Therefore, this request is not medically necessary.