

Case Number:	CM15-0009331		
Date Assigned:	01/27/2015	Date of Injury:	05/01/2000
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60-year-old male sustained multiple work-related injuries on 5/1/2000. The diagnosis at issue is status post lumbar laminectomy. Previous treatments include medications and physical therapy. He ambulates with a cane. The IW also has respiratory problems stemming from the work he did previously in an auto body shop. The treating provider requests two additional weeks of home health care (7 days a week, 8 hours per day). The Utilization Review on 1/12/2015 non-certified two additional weeks of home health care (7 days a week, 8 hours per day). The Medicare Benefits Manual was cited as the reference for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 additional weeks of home healthcare (7 days a week, 8 hours a day): Upheld

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 service Page(s): 51.

Decision rationale: Based on the 12/17/14 progress report provided by treating physician, the patient presents with moderate low back pain. The request is for 2 ADDITIONAL WEEKS OF HOME HEALTHCARE -7DAYS A WEEK, 8HOURS A DAY. Patient's medications include Xanax, Gabapentin, Prilosec, and Naprosyn. The patient is temporarily totally disabled. MTUS Guidelines page 51 has the following regarding home service, Recommended only for otherwise recommended medical treatments for patients who are home-bound or 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 MTUS does support home services if medical care is needed. Per Request for Authorization form dated 12/29/14, treater is requesting home health care due to status post lumbar laminectomy. There would be some challenges with handling self-care and ADL's for which home care would be needed postoperatively. However, treater has not provided date of surgery nor discussed why patient would need assistance. Furthermore, treater is requesting for 56 hours a week of home health care assistance. MTUS Guidelines allow for no more than up to 35 hours per week for home service, and the request for 56 hours a week appears excessive. Therefore, the request IS NOT medically necessary.