

Case Number:	CM15-0136240		
Date Assigned:	07/24/2015	Date of Injury:	08/24/2014
Decision Date:	09/23/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This injured worker is a 47-year-old male who sustained an industrial injury on 8/24/14. Injury occurred when he lifted a heavy bag and twisted while working as a hotel bellman. Past medical history was reported negative with good baseline health aside from his back injury. Conservative treatment included medications, physical therapy, and activity modification. The 12/17/14 lumbar spine MRI showed diffuse disc herniation at L4/5 and L5/S1 with facet arthrosis. There was compression of the thecal sac, bilateral L5 descending nerve roots, and left L4 exiting nerve root. A grade I degenerative anterolisthesis at L5 was noted. He underwent L4/5 and L5/S1 laminectomies, bilateral partial facetectomies, and foraminotomies with L5/S1 fusion on 4/2/15. Home health services were prescribed for 4 weeks post-operatively. The 4/6/15 hospital progress note indicated the injured worker was to be discharged today on post-operative day #4. He had no further need for acute hospitalization but would need further physical therapy either with home health or in a rehab unit. His post-operative fever was likely due to transient post-operative atelectasis but was breathing better and was afebrile. The 4/23/15 physical therapy progress report documented the injured worker no longer required hand rails when negotiating stairs and was able to alternate his feet when going up and down stairs safely. He was independent with pain management and had discontinued use of pain medications. He was reported independent in transfers, gait mobility was 500 feet, and tolerated 13 stair steps. The 4/27/15 home health physical therapy progress report indicated the injured worker was able to ambulate independently without a walker for 30 minutes and ascend/descend a flight of stairs alternating feet with no rail. He was not cleared to drive yet. The 6/5/15 treating physician report cited low back pain

remained the same at intermittent grade 3/10. Physical exam documented his back was better, soreness was noted. Legs were great. The treatment plan recommended a lumbar MRI and physical therapy. Authorization was requested for retrospective home health aide 24 hours a day from 4/16/15 through 5/18/15 per 6/5/15 request (792 hours). The 6/12/15 utilization review non-certified the retrospective request for home health aide 24 hours a day from 4/16/15 (792 hours) as there was no documentation of a living situation, comorbid medical conditions, post-operative complications, or discussion of post-operative need for in-home medical services 24 hours a day for 33 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for home health aide, 24 hours a day, from 4/16/15 through 5/18/15 per 6/5/15 request, quantity: 792 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic), Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7-Home Health Services; section 50.2 (Home Health Aide Services).

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, generally 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient was homebound as of at least 4/23/15. There is no evidence or physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment beyond 4/27/15. Additionally, guidelines do not generally support treatment beyond 35 hours per week. There is no compelling rationale presented to support the medical necessity of around-the-clock home health aide for this injured worker for 33 days. There were no co-morbidities documented and on-going skilled services were not required beyond 4/27/15. This request markedly exceeds guideline recommendations with no documentation to support an exception to guidelines. Therefore, this is not medically necessary.