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| Case Number: | CM13-0009269 | | |
| Date Assigned: | 09/12/2013 | Date of Injury: | 04/01/2013 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 07/25/2013 |
| Priority: | Standard | Application Received: | 08/08/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 patient was a 55-year-old female who experienced persistent neck pain after injuring herself on April 1, 2013. She injured herself when she fell on a table in an attempt to avoid falling on a small child. She underwent cervical discectomy with decompression of nerve roots C4-5 and C5-6 with insertion of intervertebral biomechanical device on July 2, 2013. A claim was submitted for home health care 8 hours daily, 7 days per week for 4 weeks postoperative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide x 4 Hours a day, 3 Days a Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case

included dressing, bathing, transfers, ambulation, light housekeeping, and laundry. These services are not covered.