

Case Number:	CM14-0126242		
Date Assigned:	09/24/2014	Date of Injury:	12/19/2008
Decision Date:	10/27/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/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 is a 63-year-old woman, with medical history of morbid obesity, diabetes, hypercholesterolemia, and hypertension, who sustained a work related injury on December 19, 2008. Subsequently, she developed chronic back pain. On July 10, 2014, the patient underwent posterior pedicle screw instrumentation of L4-5, posterolateral intertransverse process fusion of L4-5 and interbody fusion L4-5. Her treatment also included trigger point injection, physical therapy, and medications. According to a progress report dated August 26, 2014, the patient noted back pain and is complaining of bilateral knee pain, right greater than left. On examination, the incisions are healing well. The range of motion is severely restricted, but the motor examination is 5/5. The straight leg raising examination was negative. The examination of the right knee revealed exquisite tenderness over the joint lines. She does have painful range of motion of the knee. Repeat X-rays of the lumbar spine showed excellent position of the interbody fusion at L4-5 as well as the pedicle screws at L4-5. The patient was diagnosed with status post L4-5 fusion, Grade I spondylolisthesis L3-4, and bilateral knee pain right greater than left. The provider requested authorization for Home Health with a registered nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health with a registered nurse (RN) times six (6) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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

Decision rationale: According to MTUS guidelines, home care is recommended only for otherwise recommended medical treatment for 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 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. (CMS, 2004). The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. There is no documentation that the patient is homebound. Therefore, the request for Home Health with registered nurse is not medically necessary.