

Case Number:	CM14-0132740		
Date Assigned:	09/19/2014	Date of Injury:	10/03/2008
Decision Date:	11/19/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 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:

This is a 49 years old woman with a date of injury 10/03/2008 characterized as chronic low back, knee and leg pain. The requesting provider has asked for post-op home health for 6 hours per day for two weeks following a laminectomy and decompression procedure L4/5 and L5/S1 performed on 08/12/14 for a herniated disk and spinal stenosis, which she attribute to her work injury. She had numerous imaging studies and physical examinations, including a complete pre-operative health evaluation, which demonstrated evidence of injury before surgery. However no documentation related to the patient's condition post-operatively was provided. There was a note from one of her surgeons recommending two weeks of home health care for 8 hours per day citing the need for wound care management performed by a healthcare professional. Treatment to date: lumbar decompression surgery, epidural steroid injections, physical therapy, acupuncture, massage therapy, chiropractor treatments, medication therapy (Norco, Celebrex, Cymbalta) UR Determination: Request was not approved on 8/13/2014 and instead, modified to post-op home health care for 3 hours per day for one week only. The UR provider concluded that the amount of time requested was beyond the scope of medical necessity in this patient's case for two reasons. First, because the number of hours per week requested exceeded the maximum allowable hours (35) per MTUS guidelines and second because the services requested by the provider, including shopping, cleaning and laundry were not services that home health care workers are trained to provide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home health 6 hours/day for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51 of 127.

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

Decision rationale: CA MTUS states that home health services are 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. If the maximum amount of home health care requested is 35 per week, that's an average of 5 hours per day. Since it is the maximum recommended amount, cases involving a request for that level of home health care should be limited to the most severe cases, such as those who are dependent on significant medical treatment to be rendered at home. In addition, it is unclear whether the patient is homebound following a two level lumbar decompression procedure, or why wound care could not be accomplished during regular follow-up visits. Furthermore, there was no post-operative examination or assessment provided in the medical records to characterize the patient's functional status since having the procedure that would indicate a need for total care. 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. Therefore, the requested amount of post-op home health care is not medically necessary.