

Case Number:	CM14-0181489		
Date Assigned:	11/06/2014	Date of Injury:	08/09/2013
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 60 year-old patient sustained a low back injury on 8/9/13 from carrying a box of papers while employed by [REDACTED]. Request(s) under consideration include Home Health Aid 4 hours per day x 7 days x 4 weeks. Diagnoses include lumbar spondylolisthesis at L4-5, L5-S1 with right S1 radiculopathy. There was a request for lumbar surgery with the patient scheduled to undergo lumbar interbody fusion at L4-S1 on 11/20/14. Report of 7/2/14 from the provider noted the patient with chronic ongoing low back pain radiating to right lower leg with numbness and tingling in right foot. Exam showed positive SLR on right with normal DTRs, intact sensory and motor exam. Diagnoses included lumbar strain, high-grade I spondylolisthesis at L4-5 with DDD at L4-5 and L5-S1. Report of 9/12/14 from the provider noted the patient with ongoing chronic low back pain radiating down both lower extremities that has failed physical therapy. Exam showed intact neurological findings of motor strength and sensation. EMG/NCV of 9/10/14 showed chronic right L5/S1 radiculopathy. There was hypermobility with flexion and extension views at L4-S1 with impression of grade I spondylolisthesis. MRI of lumbar spine dated 8/5/14 showed 3mm anterolisthesis at L4-5 and 2mm central bulge at L5-S1. The request(s) for Home Health Aid 4 hours per day x 7 days x 4 weeks was non-certified on 10/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 4 hours per day x 7 days x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 732.

Decision rationale: According to the medical records, there is an authorization determination for lumbar fusion dated 10/8/14. There is a questionnaire dated 9/10/14 completed by the patient noting negative history of diabetes, high blood pressure, heart disease, arthritis, asthma, cancer, blood disorder, etc. without any mention past medical problems, no history of smoking or drinking, and has had mentioned previous unspecified non-industrial surgery. It is not clear if the patient has undergone the surgical procedure; there is no operative report provided for review. There are no post-operative complications or co-morbid medical history in need of home health. It is unclear if the patient sustained post-operative complication and became homebound with slow progress, requiring home PT beyond post-op hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no specific deficient performance issue evident as the patient has no documented deficiency with the activities of daily living and was independent prior to surgery without any clear neurological deficits on exam with intact DTRs, motor strength, and sensation. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear neurological deficits identified for home therapy. The Home Health Aid 4 hours per day x 7 days x 4 weeks is not medically necessary and appropriate.