

Case Number:	CM14-0213069		
Date Assigned:	12/30/2014	Date of Injury:	10/09/2013
Decision Date:	02/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 31 year-old patient sustained an injury on 10/9/13 from lifting a 5 gallon bucket of soap. Request(s) under consideration include 24 home health care visits (3 hours per day). Diagnoses include s/p L5-S1 lumbar fusion , hemilaminectomy and decompression of L5 nerve root with auto and allograft on 10/28/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 10/15/14 from the provider noted constant low back pain radiating down the left lower extremity. Exam showed tenderness at sciatic notch and bilateral superior iliac crest trigger point; positive SLR on left with 4+/5 weakness at left EHL. The request(s) for 24 home health care visits (3 hours per day) was non-certified on 11/25/14 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:

24 Home health care visits (3 hours per day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

Decision rationale: Peer review discussion noted no post-operative complaints or functional deficits to render the patient homebound. Request noted home health was to help the patient with meal preparation, light housekeeping, making his bed, laundry, and grocery shopping. 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 physical therapy 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. It is unclear if there is any issue with family support. The request for 24 home health care visits (3 hours per day) is not medically necessary and appropriate.