

<b>Case Number:</b>	CM14-0218052		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/19/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Orthopedic Surgery

### 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 injured worker was a 67 year old female, who sustained a work related injury, on March 19, 2011. The injured worker was injured while trying to lift a patient. The injured worker suffers from pain in the neck, back, left knee and numbness in both feet. The injured worker was diagnosed with herniated nucleus pulposus with spinal cord compression at C5-C6 and C6-C87 with progressive neurological deficit, bilateral upper extremity radiculopathy with myelopathy, status post left-sided L4-L5 microdiscectomy anxiety and depression. The injured worker has been following modalities for physical therapy and pain management. According to the progress note of November 24, 2014, the injured worker reports pain with laying down, walking, and sitting. According to the progress note of October 20, 2014, the injured worker rates pain 9 out of 10 radiating down to the feet with associated numbness and tingling sensation; 0 being no pain and 10 being the worse pain. The injured worker was currently taking Vicodin for pain. The injured worker was unable to sleep through the night, due to pain and discomfort. The Injured worker had clearance for cervical fusion of surgery, which entails a 4 level decompression and fusion. The injured worker will be unable to perform activities of daily living. The injured worker lives alone. According to the preoperative nursing evaluation on April 2, 2014, the injured worker has bowel and bladder incontinence, due to original surgery in 2011. The pathology report of December 3, 2014, supported the injured workers C3-C7 cervical fusion surgery was completed. On December 1, 2014, The UR modified authorization a Home Health Care 6 hours a day time 5 days a week for 4 weeks post-surgery, to 6 hours a day 5 days a week for 3 weeks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home Health Care for 6 Hours A Day 5 Days A Week for 4 Weeks Post-Surgery:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 10/20/14 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore determination is for non-certification.