

Case Number:	CM14-0048323		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2002
Decision Date:	07/16/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 51 year old male, who sustained an industrial injury on 05/09/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical stenosis and disc herniation. Treatment and diagnostic studies to date has included medication regimen, cardiology evaluation, laboratory studies, status post neck fusion at cervical six to seven, x-rays of the cervical spine with an unknown date, and magnetic resonance imaging of the cervical spine with an unknown date. In a progress note dated 02/14/2014 the treating physician reports complaints of pain to the neck, right arm, and back along with weakness to the right arm. The injured worker also has symptoms of swallowing issues, and sleep apnea since previous surgery. Examination reveals pain with range of motion to the cervical spine, positive Spurling's test on the right side, abnormal heel to toe walk, decreased right bicep reflex, right deltoid strength of a 3 out of 5, and a decreased sensation to the right first three fingers. The treating physician noted a cervical magnetic resonance imaging on 1/24/14 that was remarkable for kyphosis with disc herniation at cervical four to five, severe spinal cord compression and foraminal stenosis at cervical four to five, compression and moderate central stenosis at cervical three to four, and a disc bulge causing spinal cord compression at cervical six to seven. The patient has had MRI of the lumbar spine on 3/28/13 that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes. The treating physician recommended cervical spinal surgery at multiple levels. The treating physician requested home health aide for 35 hours per week for a quantity of 12 weeks for post-operative care, but did not indicate the specific reason

for the requested services. The patient's surgical history includes cervical fusion on 7/25/2003 and three level cervical fusion on 3/31/14 and lumbar surgery in 1991. Patient has received an unspecified number of PT and acupuncture visits for this injury. The medication list include Percocet and Tramadol. The patient has had initial home health evaluation in 3/20/14 that revealed patient needed assistance in daily living. The patient's wife can assist him from 7 pm to 7 am and on weekends. Patient required assistance in getting out of chair and bed. Patient was unable to do home care, unable to lift 5 pounds weight, and unable to do over head work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 35 hours/week #12 weeks: 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 Page 51 Home health services.

Decision rationale: Request: Home Health Aide 35 hours/week #12 weeks Per the CA MTUS guidelines cited below, regarding home health services. 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. The treating physician requested home health aide for 35 hours per week for a quantity of 12 weeks for post-operative care, but did not indicate the specific reason for the requested services. Any documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health services like administration of IV fluids or medications or dressing changes was not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The functional status of the pt, periodically after the surgery, objectively documenting inability to do any activities of daily living for a continuous period of 12 weeks was not specified in the records provided. The medical need for a request for a home health aide for a continuous period of 12 weeks after the surgery is not fully established. The medical necessity of the request for Home Health Aide 35 hours/week #12 weeks is not medically necessary in this patient.