

Case Number:	CM15-0111421		
Date Assigned:	06/17/2015	Date of Injury:	04/29/2013
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37-year-old male injured worker suffered an industrial injury on 04/29/2013. The diagnoses included severe and unrelenting back and leg pain due to lumbar spondylosis and lumbar radiculopathy. The injured worker had been treated with anterior lumbar fusion 5/4/2015. On 5/6/2015, the treating provider reported the injured worker was discharged on 5/6/2015. The nursing note 5/6/2015 described the injured worker ambulated with physical therapy without complaints. The 5/6/2015 occupational therapy noted the injured worker had met all goals and was ready for discharge. The treatment plan included Home health visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nine (9) visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health care.

Decision rationale: Pursuant to the Official Disability Guidelines, home health times 9 visits is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and status post ALIF and umbilicus hernia repair. The injured worker underwent the procedures with an uneventful immediate postoperative course. Upon discharge from the hospital, the injured worker (on May 6, 2015) was fully ambulatory with pain well controlled. Home care requires the patient be homebound for skilled care and/or personal care services to be clinically indicated. There is no documentation the injured worker was homebound. Moreover, the injured worker was ambulatory with pain well control. Consequently, absent clinical documentation with a homebound status, home health times 9 visits is not medically necessary.