

Case Number:	CM15-0115707		
Date Assigned:	06/23/2015	Date of Injury:	12/24/2007
Decision Date:	10/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who sustained an industrial injury on December 24, 2007. Diagnoses have included L3-S1 lumbar spondylosis, segmental instability with junctional kyphotic deformity, and neural compression with progressive neurologic deficit to the bilateral lower extremities. He is also diabetic and experienced diabetic ketoacidosis during surgery preparation April 24, 2015. Documented treatment included the April 24, 2015 surgery consisting of L3-S1 lumbar fusion and laminectomy, and he had been approved for post-surgical ice unit, bone stimulator, thoracolumbosacral orthosis brace, bedside commode, and had a home health aide 8 hours per day. After his surgery, the injured worker complained of pain and his feet swelling; and, he had difficulty performing activities of daily living when a home health aide was not present, with efforts resulting in hurting his back and being unable to get to the toilet in time. Additionally, his blood sugar had been reported to be unstable in spite of adjustments to his insulin. The treating physician's plan of care included an extension for home health assistance 12 hours a day; 6 days a week for two weeks to assist with activities of daily living until June 2, 2015. This was denied May 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of home health assist, 12 hours a day, 6 days a week, 2 weeks for activities for daily living assist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The current request is for Extension of home health assist, 12 hours a day, 6 days a week, 2 weeks for activities for daily living assist. The RFA is dated 05/20/15. Treatment history includes lumbar fusion on 04/24/15, ice therapy unit, bone stimulator, brace, home health aide, physical therapy, and medications. The patient is not working. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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." Per report 05/19/15, the patient is status post lumbar fusion on 04/24/15 and continues with significant pain. There is no physical examination noted. The patient reported his feet swelling, and states that he has difficulty performing activities of daily living when a home health aide is not present. The patient's wife states that she is not able to get home before the care giver leaves. Without the care giver, the patient has difficulties with basic self-care. The treater recommends extension of home health assistance for help with ADL's. The records indicate that the patient has had 8 hours per day of assistance following the lumbar fusion. The number of days assistance was received was not indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services or personal care when this is the only care needed. There is no documentation that this patient requires medical treatment from home. In addition, MTUS recommends up to 35 hours per week for home service care and the current request is for additional 72 hours per week. Therefore, this request is not medically necessary.