

Case Number:	CM15-0177564		
Date Assigned:	09/18/2015	Date of Injury:	10/05/1992
Decision Date:	10/22/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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 59-year-old female, who sustained an industrial injury on 10-5-92. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post L5-S1 laminectomy (1995); status post lumbar L4-5 posterior laminectomy (8-3-15); medications. Currently, the PR-2 notes dated 8-12-15 indicated the injured worker was last seen in this office on 7-30-15. The injured worker is a status post lumbar L4-5 posterior laminectomy 8-3-15 (L5-S1 laminectomy 1995). The provider documents; "The patient was discharged from the hospital three days ago and is febrile." It was recommended she have home health care for two times a day for two weeks for dressing change, due to her fever. The PR-2 notes dated 7-30-15 indicated the injured worker was in the office for an Internal Medicine preoperative consultation for her lumbar surgery and was cleared medically for her surgery. The provider documented the injured worker had a clinical history for diabetes and on medication for control of her condition. The pre-operative laboratory results were included and documenting her 'Hemoglobin A1C' of '5.6' within the normal limits". A Request for Authorization is dated 9-9-15. A Utilization Review letter is dated 8-17-15 and modified-certification was for Post-operative home health care for dressing change 2 times a day for 2 weeks (lumbar) to authorization of "home health care for dressing change one a day for 4 days over 2 weeks (one hour each) is established". Utilization Review modified the requested treatment using the CA MTUS and ODG Guidelines. The provider is requesting authorization of Post-operative home health care for dressing change 2 times a day for 2 weeks (lumbar).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home health care for dressing change 2 times a day for 2 weeks (lumbar):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation Pain Procedure Summary Online Version last updated 07/15/2015.

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

Decision rationale: The California MTUS section on home health states: Recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) The patient is temporarily home bound post-surgery. The request is not for homemaker services and not in excess of time recommendations. Therefore, the request is medically necessary.