

Case Number:	CM15-0063617		
Date Assigned:	04/09/2015	Date of Injury:	01/17/1999
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 68 year old male with an industrial injury dated 07/17/1999. His diagnoses included status post lumbar laminectomy lumbar 2-sacral 1 with posterolateral lumbar fusion of lumbar 3-5, Parkinson's disease, hypertension, coronary artery disease and degenerative joint disease. Prior treatments include conservative measures, surgery and rehab. He presents on 02/19/2015 post-operative day # 16 from lumbar laminectomy with fusion. The treating physician documents the injured worker is doing very well in rehab. He continues to have some incisional pain, although he was improving. Physical exam revealed sensation was intact to light touch with good strength in lower extremities bilaterally. The plan of treatment included to continue to work with physical therapy and occupational therapy. He was being discharged from rehab on the date of this note. Other treatments in the plan of care included home health care and follow up with his physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4 hours per day, 7 days per week x 8 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 Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home Health Services.

Decision rationale: The patient is a 68 year old male with an injury on 07/17/1999. He had a lumbar laminectomy and fusion. 02/19/2015 was post operative day 16. He had been to a rehab facility and was discharged but was to continue with physical therapy and occupational therapy. Both MTUS and ODG stress that home health services are for health services and do not include custodial care or home maker laundry, cleaning and shopping services. There is no documentation that he is home bound and there is no documentation of any skilled nursing service being provided except for the physical therapy and occupational therapy that is to continue and that is not part of the home health services requested. Home health services are not medically necessary.