

Case Number:	CM15-0069331		
Date Assigned:	04/16/2015	Date of Injury:	07/04/2008
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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 injured worker is a 39 year old male, who sustained an industrial injury on 07/04/2008. He reported left leg pain. Treatment to date has included back surgeries, electrodiagnostic testing, medications and MRI. According to a progress report dated 03/12/2015, the injured worker complained of intermittent severe low back pain with radiation down the left leg. Diagnoses included status post decompression and laminectomy L4-L5 and L5-S1 on 08/02/2008, status post revision on 08/11/2011 with residuals, lumbar radiculopathy, MRI evidence of 4-5 millimeter disk protrusion at L3-L4, 4 millimeter disc bulge at L4-L5 and 10 millimeter paracentral disc protrusion at L5-S1, left common peroneal neuropathy at the left knee, partial paralysis and atrophy of peroneal meniscus, peroneal nerve neuropathy, left ankle sprain/strain with derangement and MRI evidence of torn ligament and tendinopathy, status post Agreed Medical Evaluation, prolonged depression reaction and insomnia. Treatment plan included home health care per the Agreed Medical Evaluation, left ankle brace and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care five hours a day times four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 healthcare five hours per day times four weeks 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 status post decompression and laminectomy L4 - L5 and L5 - S1 August 2, 2008; status post revision August 11, 2011 with residuals; lumbar radiculopathy; left common peroneal neuropathy at left knee; left ankle sprain/strain; prolonged depression; and insomnia. Subjectively, according to a March 12, 2015 progress note, the patient complains of low back pain with radiation down left leg. Objectively, there is lumbar spine tenderness about the paraspinal musculature with decreased range of motion. Muscle spasms re present. The ankle is tender about the medial and lateral aspects with mild swelling. There is no clinical indication or rationale for home care services. There is no documentation in the medical record the injured worker is homebound. The injured worker is 39 years old with minimal objective findings on physical examination. Consequently, absent clinical documentation with homebound status and a clinical indication/rationale for skilled medical services and/or personal care services, home healthcare five hours per day times four weeks is not medically necessary.