

Case Number:	CM15-0071061		
Date Assigned:	04/21/2015	Date of Injury:	12/13/2013
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 54 year old female who sustained an industrial injury on December 13, 2013. Prior treatment includes anterior cervical discectomy and fusion, epidural steroid injections, and imaging of the cervical spine. On evaluation of January 8, 2015 the injured worker reported pain and discomfort in the neck. The injured worker underwent anterior cervical discectomy and fusion on January 21, 2015. She had myelopathy in the upper extremities, numbness, weakness, dizziness and problems with her gait. Her post-operative treatment plan included home health assistance for therapy and living assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, 6 days per week for 4 hours: Upheld

Claims Administrator 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), Pain Chapter, Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home service Page(s): 51.

Decision rationale: The 54 year old patient presents with pain and discomfort in the neck, rated 10/10. The request is for a HOME HEALTH AIDE, 6 DAYS PER WEEK FOR 4 HOURS. The patient's status post anterior cervical discectomy and fusion on January 21, 2015, per operative report and the RFA has a diagnosis of atatus post ACDF. The provided RFA is dated 03/05/15 and the date of injury is 12/13/13. Medications include Vicodin, Flexeril, Naproxen and Progesterone, per 01/09/15 report. The patient is temporarily totally disabled. MTUS Guidelines page 51 has the following regarding home service, 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Per 01/08/15 report, treater states, "The patient is going to require in home help after her surgery. She is a single mother and is going to require in home help for therapy as well as living assistance and she is going to require transportation." MTUS does support home services if medical care is needed for patients who are home bound. This patient is s/p neck surgery and may require home help for a period of time. However, the treater does not indicate for how long. Without specified duration, the request cannot be considered, as the patient is not in need of indefinite care. The request IS NOT medically necessary.