

Case Number:	CM15-0097217		
Date Assigned:	05/27/2015	Date of Injury:	03/24/2011
Decision Date:	06/25/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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 male with an industrial injury dated 03/04/2011. His diagnoses included lumbar bulging disc lumbar 4-5 (mm), lumbar bulging disc lumbar 3-4 (5 mm), lumbar bulging disc lumbar 5-sacral 1 (5-6 mm), moderate lumbar 5 radiculopathy of bilateral lower extremities, rectal bleeding, left groin hernia/varicocele and insomnia due to pain. Prior treatment included physical therapy, treatment and surgery for right knee, gastrointestinal consult and epidural steroid injections. He presents on 04/23/2015 with complaints of constant pain in his lower back radiating to his buttocks, thighs, and ankles. He rates the pain as 9-10/10. He also complains of numbness and tingling in the lower extremities. He notes the pain is worsening. He is also being seen and treated by gastroenterologist for rectal bleeding (previous history of constipation). Physical exam revealed positive straight leg raise test. There was severe paraspinal tenderness and muscle guarding with spasms of the lumbar and thoracic spine. There was also tenderness at the sacroiliac joint and sciatic nerve. Lumbar range of motion was decreased and painful. His current medications included Ultram ER for pain, Prilosec for gastritis, Gabapentin and Promolaxin. The injured worker was placed on temporary total disability until 06/04/2015. The provider notes the injured worker requires surgical intervention for the lumbar spine, which is scheduled for 04/28/2015. Treatment request is for the injured worker to obtain home health care post surgically "as it is imperative the patient have this authorized before surgery." Other treatment plans included urology consultant, follow up with colorectal specialist and medications. The request is for outpatient home health care for surgical rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Home Health Care for Surgical Rehabilitation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

Decision rationale: Review indicates the patient is s/p lumbar fusion L3-S1 on 4/30/15 without noted post-op complications or need for ICU or intermediate care. Post-op PT report of 5/5/15 noted patient recovering appropriately with intact baseline strength and sensation in all distribution. The patient was ambulating over 220 feet with walker. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no specific deficient performance issue evident as the patient has no documented deficiency with the activities of daily living and was independent prior to surgery without any clear neurological deficits on exam with intact DTRs, motor strength, and sensation. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear neurological deficits identified for home therapy. The Outpatient Home Health Care for Surgical Rehabilitation is not medically necessary and appropriate.