

<b>Case Number:</b>	CM14-0141953		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year-old patient sustained an injury on 6/16/13 from a slip and fall in the kitchen while employed by [REDACTED]. The request under consideration includes home care home health nurse (wound care). MRI of lumbar spine dated 8/6/13 showed mild disc degeneration with bulge at L4-5 with minimal facet arthrosis and mild canal stenosis; L5-S1 with mild disc degeneration and disc bulge with mild left neural foraminal stenosis. Report of 1/10/14 from a provider noted patient with continued ongoing chronic low back pain with left sciatic pain only responded temporarily to epidural steroid injections and partially to medications. Exam showed limited lumbar range in flexion/extension of 70/20 degrees with positive SLR; intact motor strength; decreased sensation on left foot. The diagnosis was left L5-S1 HNP and left sciatica. Treatment recommendation included medications, repeat LESI, and consideration of microdiscectomy of left L5-S1. Report of 5/20/14 from PA noted patient having second LESI on 5/9/14 with only some initial relief; Symptoms remain unchanged. Exam showed tenderness at L4-S1, minimal weakness of PF/DF; limited lumbar range of flex 60 degrees; rest was unremarkable. Treatment was for medications and to remain TTD. Report of 6/14/14 from the provider noted patient with medications and LESI without benefit. Exam only documented vital signs and dynamometer test. Treatment plan included maximizing physical therapy, medications, and for repeat LESI or surgical option. Report of 7/26/14 from the provider noted failed conservative care with treatment plan to proceed with surgery. Peer review of 8/25/14 has certification for bilateral L4-5 and L5-S1 laminoforaminotomy and microdiscectomy; however, denied request for home health. The request for home care home health nurse (wound care) was non-certified on 8/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care home health nurse (wound care):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

**Decision rationale:** It is unclear if the patient sustained post-operative complication and became homebound with slow progress, requiring home physical therapy beyond post-operative hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. There are no documented functional limitations or complications to allow for home health physical therapy. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care and 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 documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. The patient was ambulatory without assistive device and independent with ADLs without being bedridden prior to planned laminoforaminotomy and microdiscectomy surgery. Exam findings had intact motor strength in lower extremities. The Home care home health nurse (wound care) is not medically necessary and appropriate.