

Case Number:	CM13-0013755		
Date Assigned:	03/26/2014	Date of Injury:	04/02/2003
Decision Date:	04/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational Medicine 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:

The patient is a 42-year-old female who was injured on 04/02/2003. The mechanism of injury is unknown. Diagnostic studies reviewed include X-ray of the cervical spine performed on 07/25/2012 revealed reversal of normal lordosis seen, Status post C6-7 fusion interbody with plate fixation anteriorly seen. Follow-up Report dated 07/25/2013 documented the patient to have complaints of increased neck pain across the neck, numbness in both hands, right greater than left and posterior scapular pain. The patient was status post cervical spine fusion. She stated he was doing very well. She had some difficulty swallowing and hoarseness of voice. Objective findings on exam revealed a healed anterior incision; Steri-strip x2 still present. There was still trapezius tightness and spasm. The patient was diagnosed with cervical radiculopathy, C7-C8 distribution. Recommendations include a request for C6-7 anterior cervical disc fusion (ACDF) and return to clinic in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKILLED NURSING VISITS EVERY OTHER DAY UNTIL DOCTOR APPOINTMENT ON 7/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Home Health Servic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Home Health Services.

Decision rationale: Home health services are 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical records indicate the patient underwent a cervical spine fusion procedure. The date of the procedure is not clearly documented. There is no indication in the records that the patient is homebound, and requires medical treatment or care in the home that she could not perform. It is not established that the patient would not be able to change bandage dressings, manage medications, or tend to any other transient postoperative requirements. It is not clear why dressing changes are needed every other day. The medical necessity of this request has not been established. Skilled nursing visits are non-certified.

HOME HEALTH AIDE 4 HOURS PER DAY 5 DAYS PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Citation: Chronic Pain Medical Treatment Guidelines, Home Hea. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Home Health Services Page(s): 51.

Decision rationale: Home health services are 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical records provided for this review indicate the patient underwent a cervical spine fusion procedure. The date of the procedure is not clearly indicated. There is no indication in the records that the patient is homebound and requires medical treatment or care in the home that she could not perform. It is not established that the patient would not be able to change bandage dressings, manage medications, or tend to any other transient postoperative requirements. It is unclear why dressing changes are needed every other day. The guidelines do not support home health aide services for activities relating to personal care such as grooming, dressing, and bathing, or homemaker services such as assistance with food preparation, shopping, or housekeeping. The medical necessity of this request has not been established. Thus, the request for Home Health Aide is non-certified.