

Case Number:	CM13-0023558		
Date Assigned:	11/15/2013	Date of Injury:	03/06/2008
Decision Date:	01/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 52-year-old male who reported a work-related injury on 03/06/2008, specific mechanism of injury not stated. Subsequently, the patient is status post thoracic discectomy with direct decompression of the ventral spinal cord from a right-sided transthoracic approach as well as a discectomy/fusion at C6-7 involving partial corpectomy of T7 and T8. Status post operative interventions the patient utilized an inpatient acute rehabilitation course of treatment times 3 weeks. The provider documented on the clinical letter dated 09/04/2013, the patient required ongoing inpatient acute rehabilitation OT and PT services to assure a safe discharge to home on 09/10/2013. The order is for continued daily OT, PT and family training through 09/09/2013. Physician's order dated 09/05/2013 signed by [REDACTED] documented the patient's wife was requesting reimbursement as a caregiver status post the patient's discharge home. The provider documented if the wife cannot be reimbursed as a caregiver, case management was advised to arrange for 8 hour care giving from a home health agency. Additionally, [REDACTED] documented the request for an occupational therapy evaluation of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Blue Cross Blue Shield Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient presents the patient a work-related injury sustained in 03/2008 and subsequent to cervical/thoracic spinal surgery to include a C6-7 fusion and partial corpectomy at T7 and T8 as of 08/20/2013. The patient was in acute inpatient rehabilitation through 09/09/2013 for a period of 20 days. Review of the clinical notes document the patient had been authorized for a safety evaluation and treatment to be provided by physical therapist 3 times a week times 2 weeks. Therefore, the current request is not supported. As such, the request for occupational therapy evaluation is not medically necessary or appropriate.

Caregiver; five (5) days a week, eight (8) hours a day for one (1) week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services..

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient was in inpatient acute rehabilitation for 20 days status post operative to a cervical fusion at the C6-7 and a partial corpectomy at T7 and T8 as of 08/20/2013. The requesting provider documents that the patient's spouse was requesting reimbursement for her time to care give for her husband postoperatively, if this was not possible the spouse was requesting a caregiver 5 days a week 8 hours a day for 1 week. California MTUS indicates home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Given all of the above, the request for caregiver; five (5) days a week, eight (8) hours a day for one (1) weeks is not medically necessary or appropriate.