MAXIMUS Federal Services

Case Number:	CM13-0026169		
Date Assigned:	01/10/2014	Date of Injury:	12/24/2009
Decision Date:	04/30/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old male with date of injury 12/24/2009. This patient presents with spinal cord injury with left hip pain. A report from [redacted] shows that the patient's left hip pain is increased and the patient is frustrated as he is not able to get treatment and is noting increased pain, discomfort and would like electroacupuncture treatments and FRP program has not been authorized. Objectively, the patient had no strength in the legs and uses a powered wheelchair. Listed diagnoses include traumatic brain injury, complete T11 spinal cord injury, paraplegia, wheel-chair bound, ambulation and activities of daily living dysfunction, bowel and bladder dysfunction, heterotopic ossification left hip, skin rash with decubiti healed. The patient was to continue medications that include Mobic, Valium, Zanaflex for pain, spasm, anxiety control. There is a comprehensive discussion report 08/02/2013 by [redacted] and this report states that there is a beginning of skin breakdown and will be requesting for patient to see [redacted], a dermatologist. On page 2, it also states that there is need of nurse to assess the skin issue that might be breaking down besides seeing the skin doctor. Handwritten report from 09/25/2013 indicates decubitus ulcer on buttocks, stage 0 and 1. The patient apparently developed new sores on the buttocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

NURSE VISITS FOR SKIN CHECK: Overturned

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(s): 51.

Decision rationale: This patient presents with T11 complete paraplegia being wheelchair bound. There is a request for nurse visitations for skin check. Review of the reports show that on 07/20/2013, the patient had healed decubitus ulcers. However, 08/02/2013 reports that there is a beginning of skin breakdown and there is a need to assess the skin issues in addition to just having the patient see a dermatologist. By 09/25/2013, the patient's skin in the buttock area showed stage 0 and 1 decubitus ulcers. Decubitus ulcers can be quite a challenging issue for this patient. Many times the patient and the family are able to keep a good eye on the skin breakdowns, but in this case, the treating physician has asked for a nurse visitation. Given the importance of skin integrity particularly in paraplegics, recommendation is for authorization. MTUS Guidelines require that the treating physician monitor the patient and make appropriate recommendations. Under home health services, MTUS Guidelines recommend it for medical treatments for patients who are home bound and the treatment should not include homemaker services. In this case, nurse visitations for skin management is medically reasonable. Recommendation is for authorization.