

Case Number:	CM13-0031176		
Date Assigned:	12/04/2013	Date of Injury:	10/13/2006
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery, 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 59-year-old female who was injured on 10/13/06. Records for review indicate a cervical injury, for which a previous C4 through C6 anterior cervical discectomy and fusion had been performed. A follow up 08/26/13 assessment indicated ongoing complaints of numbness to the upper extremities and neck complaints. It stated a recent MRI scan showed disc herniation at C3-4 with cord compression with examination showing weakness to the upper extremities bilaterally. Based on the findings, surgical intervention in the forms of anterior cervical discectomy and fusion at the C3-4 level was being recommended for further treatment. Specific to the surgery in question, there was a request for home health surgeries for the purposes of "cleaning and assistance with activities of daily living". There was also a request for a Combo Care 4 electrotherapy unit and a deep venous prophylactic for which specific understanding of its role was not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis prophylaxis (unspecified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure

Decision rationale: California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guidelines, the role of venous thrombosis prophylactics in this case would not be indicated. The claimant is to undergo a surgical procedure, for which a specific risk of deep vein thrombosis (DVT) is not indicated. The claimant is with no prior history of deep venous thrombosis from clinical records reviewed. The specific indication for prophylactics in this case given the nature of the surgery in question is not supported.

Combo Care 4, electrotherapy: 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 Interferential Current Stimulation (ICS) and Chronic Pain: (NMES) Neuromuscular electrical stim.

Decision rationale: Based on the California MTUS Guidelines, a Combo Care 4 unit is not indicated. The records indicate that a Combo Care 4 unit is a combination therapy device consisting of neuromuscular electrical stimulation as well as interferential stimulation. Guideline criteria indicates that neuromuscular electrical stimulation is only utilized as part of a rehabilitation program following a stroke with no support of its evidence in the acute or chronic pain setting. This specific request would not be supported.

Home Health Care for wound cleaning and assistance with (ADL) activities of daily living - four hours per day for two weeks postoperatively: 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(s): 51.

Decision rationale: The specific request for home health services is not supported. California MTUS Chronic Pain Guidelines clearly indicate that home health services from a medical point of review do not include homemaker services such as cleaning, laundry, or personal care. The specific request in this case is for the purpose of cleaning and the assistance with activities of daily living. This would not be indicated per the guidelines.