

Case Number:	CM13-0053767		
Date Assigned:	12/30/2013	Date of Injury:	12/13/2010
Decision Date:	03/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 57 year old male who reported injury on 12/13/2010. The mechanism of injury was noted to be that a vehicle was driving on I-10 in the far right lane and lost control of that vehicle and broad-sided the patient at 75 miles per hour. The patient's care was noted to have flipped over and the patient reported that he was barely hanging by his seatbelt when the car stopped. The patient was noted to undergo a right-sided L4 and L5 hemilaminectomy, a partial facetectomy on the right side at L4-5, and decompression of the spinal canal on the right side as well as the contralateral left side on 09/11/2013. The patient was noted to have a wound to the surgical area. The drainage was noted to have started on approximately 10/07/2013 when the patient's son who was a paramedic noticed the drainage. The physician indicated that he opened the wound on 10/17/2013 and found no fascial defect. There was noted to be some yellow fibrinous tissue and suture reaction. The wound was noted to be debrided to the bleeding edges and a wet-to-dry dressing was placed inside and covered with a sterile gauze. The patient was noted to have a mild ESR of 25 with normal being 20 and a mild CRP which was 1.18 that was barely positive. The patient indicated they had no fever and they had no significant discharge from the wound. The patient's diagnosis was noted to include a suture reaction and status post lumbar microdiscectomy. The request was made for home nursing for wound care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Nursing for Wound Care Qty 6: Upheld

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

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

Decision rationale: California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. The patient was noted to undergo a right-sided L4 and L5 hemilaminectomy, a partial facetectomy on the right side at L4-5, and decompression of the spinal canal on the right side as well as the contralateral left side on 09/11/2013. The patient was noted to have a wound to the surgical area. The drainage was noted to have started on approximately 10/07/2013 when the patient's son, who was a paramedic noticed the drainage. The physician opened and debrided the wound in the office. The patient's ESR and CRP were mildly elevated, however, the patient denied fever and significant drainage from the wound. The clinical documentation submitted for review failed to indicate the patient was homebound and it failed to provide the necessity for 6 visits for wound care without reassessment. Given the above, the request for home health nursing for wound care qty 6 is not medically necessary.