

Case Number:	CM13-0055070		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2006
Decision Date:	03/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 67-year-old female who reported an injury on 08/16/2006 after she lifted a supply cart off of the ground which caused a sudden onset of cervical spine pain. The patient ultimately underwent a cervical fusion at the C5-6 level. The patient failed multiple conservative treatments and cervical fusion from the C4-5, C5-6, and C6-7 was recommended. The patient's most recent clinical examination findings included a positive Spurling's sign, tenderness to palpation along the trapezial musculature bilaterally, decreased reflexes in the upper extremities. The patient's postsurgical treatment plan included a motorized cold therapy unit times a 2 week rental, home nursing for 2 weeks and home based physical therapy 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit x2 week rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Continuous-Flow Cryotherapy.

Decision rationale: The requested motorized cold therapy unit times 2 week rental is not medically necessary or appropriate. Official Disability Guidelines do not support the use of a postsurgical cold therapy unit after surgical intervention to the neck and upper back. The clinical documentation did not include exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested motorized cold therapy unit times 2 week rental is not medically necessary or appropriate.

Home Nursing for two (2): Upheld

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

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

Decision rationale: The requested home health for 2 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health nursing for patients who are home bound on an intermittent or part time basis. Although the patient is going to undergo fusion surgery, there is no indication that the patient is going to be considered home bound postsurgically. As such, the requested home nursing for 2 weeks is not medically necessary or appropriate.

Home physical therapy (PT) three (3) times a week for two (2) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The requested home physical therapy 3 times a week for 2 week is not medically necessary or appropriate. Although physical therapy is supported in the postsurgical management of a fusion surgery, the need for home based physical therapy is not clearly identified. There is no documentation that the patient cannot attend outpatient physical therapy treatment. As such, the requested home physical therapy 3 times a week for 2 weeks is not medically necessary or appropriate.