

<b>Case Number:</b>	CM14-0005118		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/22/2000
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Occupational Medicine 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 claimant is a 76-year-old man who says he was injured on 9/22/2000, while performing his job tasks, causing neck and upper back pain. He also has a biceps rupture, from pulling on a gate. He has spinal stenosis and radiculopathy at C3-5, and has had cervical fusion. There is also evidence of myelopathy. His orthopedist requested a cervical pillow because of chronic neck pain. He requested board and care home coverage because of a biceps tendon rupture. The claimant is living in a board and care facility, stating that he can't hold anything and was unable to feed himself. He had brain cancer (glioblastoma of left temporal lobe), with subsequent surgery and radiation therapy, and a history of polio and subsequent limb atrophy and weakness (lower extremities). He also had radial nerve palsy, status post trauma and an ulna fracture. He states that these problems are not the reason he requires a board and care facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SPINE PILLOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, PILLOW.

**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, PILLOW.

**Decision rationale:** The Official Disability Guidelines indicate that a neck support pillow should be used in conjunction with daily exercise and instructed in its use by someone trained to do both. A pillow alone is not effective. Prior requests for the cervical pillow were accompanied by a request for occupational therapy (OT), which was denied. He does, however need to have a combination of home (daily) exercise along with the pillow use. It was noted that three (3) sessions of physical therapy (PT) were approved in 2013. There is no documentation in the latest records reviewed from the orthopedist (5/15/13, 7/1/13, 8/9/13) that the claimant is taking part in daily exercise. Hence, the requested pillow is not approved.

**BOARD AND CARE HOME COVERAGE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, PHYSICAL THERAPY (PT).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The orthopedist has not established that the employee's accepted condition is the cause of his inability to perform activities of daily living (ADLs). The orthopedist states that the employee has radiculopathy, but it isn't clear what level(s) is/are affected that would cause severe loss of power in the hand, like described. It is not clear why a weakened grip necessitates lodging in a board and care facility. The request is not clearly medically necessary for the described complaints associated with this case. I recommend denial of room and board services. The room and board services are not medically necessary.