MAXIMUS Federal Services

Case Number:	CM14-0012938		
Date Assigned:	02/24/2014	Date of Injury:	08/01/2001
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

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 and 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 63-year-old female with an 8/01/2001 date of injury. According to the 1/2/14 neurology report from [redacted] at [redacted], the patient was admitted in December for cervical spondylosis, status post C3/4 and C4/5 decompression with removal and replacement of hardware. The 12/6/13 operative report shows the surgery involving fusion from C3-C7. The patient was discharged home but had recurrent laryngeal nerve weakness leading to the hypophonic voice. She is being hospitalized secondary to her problems with swallowing and weight loss. She had a percutaneous endoscopic gastrostomy (PEG) tube placed since she failed the swallowing evalution times two. On 12/31/13, the utilization review (UR) recommended against a home health aide for the cervical area.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE FOR CERVICAL AREA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 51.

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

Decision rationale: The patient presents with neck pain, hypophonic voice, difficulty swallowing, after undergoing C3-7 fusion on 12/6/13. She was found to have problems with the recurrent laryngeal nerve, and was having problems with aspiration at the hospital. She developed weight loss, and had a percutaneous endoscopic gastrostomy (PEG) tube placed. There was a recommendation for home health aide. The MTUS recommends home health services for patients who are homebound on a part-time basis. The patient has need for medical treatment other than homemaker services. The request is in accordance with MTUS guidelines. The recommendation is for authorization.