

Case Number:	CM14-0014889		
Date Assigned:	02/28/2014	Date of Injury:	08/22/2002
Decision Date:	08/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 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:

This is a 73-year-old male with a date of injury of 8/22/02. The mechanism of injury occurred when the patient was involved in a head-on motor vehicle collision, and suffered traumatic brain injury, cervical spinal cord injury with C2 fracture, hydrocephalus with multiple shunt revisions, brachial plexus injury, and collapsed lungs. On 12/20/13, he complained of tremor, balance problems, eating difficulty, and sleep difficulty with snoring. On exam there was slight to moderate tenderness in the cervical spinous processes, and moderate tenderness and spasm in the paravertebral areas with decreased range of motion. He was also noted to have difficulty with finger flexion. He is noted to have an ulnar type claw hand, and consideration to a hand specialist was recommended once the deformity was stable. He ambulates via a motorized wheelchair and requires assistance with daily personal hygiene and daily living care. The diagnostic impression is traumatic brain injury, cervical spinal cord injury with C2 fracture, rule out obstructive sleep apnea and early Dupuytren's disease. Treatment to date has been transitional living center rehabilitation program, medication management, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home skilled nursing care by the patient's wife 16 hours per day, 7 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines; and

Donaghy B, Wright AJ. New home care choices for children with special needs. *Caring*. 1993; 12(12):47-50.

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

Decision rationale: The California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. However, medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care given by the home health aide, such as bathing, dressing, and using the bathroom when this is the only care needed. In addition, it is noted that it is medically mandated for the patient to be monitored for shunt malfunctions by a licensed nurse, trained to recognize early signs of shunt occlusion, and this must be monitored every 8 hours 7 days a week. However, there is no documentation noted that the patients' wife is a licensed nurse, trained and licensed in this field. The guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, generally up to more than 35 hours per week. The request is for at least 112 hours/week of homecare, which greatly exceeds the guideline recommendations of no more than 35 hours/ week. In addition, the guidelines state medical treatment does not include homemaker services, and personal care given by the home health aide when this is the only care needed. Therefore, the request is not medically necessary.

Polysomnography study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and Regence.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not specifically address this issue. The Official Disability Guidelines criteria for polysomnography include: excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaints for at least six months (at least four nights of the week), unresponsive to behavior intervention, and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The patient has experienced a traumatic brain injury, and there was documentation of personality changes, and also it was noted that he has been on Ambien for sleep for at least 4 years with continued sleep difficulties. In addition, his wife states he does snore while sleeping. Therefore, the request is medically necessary.

Consideration for future intrinsic transfer operation with hand specialist for ulnar type claw hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Emedicine.medscape.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The California MTUS states that hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management; and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. Therefore, the request for consideration for future intrinsic transfer operation with hand specialist for ulnar type claw hand was medically necessary. The patient's diagnosis is early Dupuytren's contracture. Indications for surgery are contracture at the proximal interphalangeal joint or distal interphalangeal joint; or rapid progression of finger contracture; or symptomatic fibromatosis in the hand; or contracture at the metacarpophalangeal joint that interferes with function. There is a lack of clinical findings with regard to a possible release for this diagnosis in this patient. There is no evidence of physical therapy, splinting, and indications for surgery have not been met. Thus, an orthopedic consult for the patient's hand is unnecessary at this time. Therefore, the request for consideration for future intrinsic transfer operation with hand specialist for ulnar type claw hand was not medically necessary.