

Case Number:	CM14-0016737		
Date Assigned:	04/11/2014	Date of Injury:	06/23/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal 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:

The claimant is a 50-year-old gentleman who sustained a low-back injury in a June 23, 2012, work-related accident. The records provided for review document a 2001 low-back surgery, also the result of a work-related injury. A May 31, 2013, an MRI report showed evidence of the prior spinal fusion at the L4-5 and L5-S1 levels and neural foraminal narrowing at both levels. A January 13, 2014 progress report documents that the claimant continues to experience ongoing complaints of low back pain. A physical examination revealed restricted lumbar range of motion, use of a cane, diminished sensation in an L5 and S1 distribution with a foot drop, and weakness to the extensor hallucis longus and left leg in a one (1) out of five (5) fashion. Based on these findings, the claimant was diagnosed with spondylosis, radiculopathy and a left foot drop. The records state that the claimant failed conservative care and indicated the need for revision spinal surgery of unspecified nature. This review request is for post-operative wound care four (4) hours a day, five (5) days a week for two (2) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE WOUND CARE FOUR (4) HOURS A DAY, FIVE (5) DAYS PER WEEK FOR TWO (2) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, 2nd Edition, 2004, Page 127; and the Official Disability Guidelines (ODG), Low Back (updated 12/27/2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: The Chronic Pain Guidelines indicate 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. The guidelines also indicate that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The ACOEM Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. While this claimant is noted to have chronic low back and leg complaints, the reviewed records do not document whether the recommended surgery for which wound care is requested has been certified or taken place. Neither do the records document clinical indications for the use of wound care for the time period outlined. Based on the documentation provided for review, this request would not be indicated as medically necessary.