

Case Number:	CM14-0119461		
Date Assigned:	08/06/2014	Date of Injury:	04/29/2011
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 68-year-old female who reported an injury on 04/29/2011 due to continuous trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine, ultimately resulting in an anterior cervical discectomy and fusion from the C4 through the C7. The injured worker underwent re-exploration of the anterior cervical fusion with hardware removal and partial corpectomy and resection of the vertebral bodies from the C4 to the C7 on 07/08/2014. The injured worker was evaluated on 07/17/2014. It was reported that the fusion was healing. Physical findings included tenderness to palpation of the right shoulder with a positive impingement sign and decreased range of motion and tenderness to palpation of the right knee with decreased range of motion and a well-healing scar of the cervical spine. It was noted that the injured worker was wearing a cervical spine collar. The injured worker's diagnoses included status post cervical spine fusion and revision, bilateral shoulder sprain, and bilateral medial and lateral epicondylitis. A request was made for home health care for 7 days a week for 6 weeks. The injured worker was evaluated on 02/28/2014. It was noted that home health assistance was desired. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home healthcare (for post op of re-exploration with partial corpectomy of C4-C5, C6-C7 with fusion); seven (7) days a week for six (6) weeks: Upheld

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

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

Decision rationale: The requested home health care (for post op of re-exploration with partial corpectomy of C4-C5, C6-C7 with fusion); seven (7) days a week for six (6) weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound on a parttime or intermittent basis that require medical care within the home. The clinical documentation submitted for review does indicate that the injured worker is status post cervical spine surgery. However, there is no documentation that the injured worker is considered homebound on a part time or intermittent basis. There is no documentation that the injured worker requires medical care within the home. Therefore, the need for home health care is not supported by guideline recommendations. As such, the requested home health care (for post op of re-exploration with partial corpectomy of C4-C5, C6-C7 with fusion); seven (7) days a week for six (6) weeks is not medically necessary or appropriate.