

Case Number:	CM14-0178226		
Date Assigned:	10/31/2014	Date of Injury:	04/06/2013
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Surgery 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 39-year-old female sustained an industrial injury on 4/6/13. Right upper extremity pain was reported with repetitive use of a 3-hole punch. The 6/3/13 right shoulder MRI impression documented slightly posterior subluxation of the humerus relative to the glenoid with cortical irregularity and sloping of the glenoid, query congenital defect versus old fracture deformity. There was thickening involving the subscapularis and supraspinatus tendons, consistent with tendinopathy. The 7/22/13 cervical spine MRI impression documented a posterior disc protrusion at C5/6 measuring up to 2 mm without spinal canal or neuroforaminal stenosis. There was degenerative facet arthrosis at C5/6, C6/7, and C7/T1. The 2/2/14 right wrist MRI impression documented a small subchondral cyst of the scaphoid. The 2/24/14 right upper extremity electrodiagnostic study findings were suggestive of an active C6 radiculopathy. The injured worker underwent right C6 and C7 nerve root block and right C5/6 and C6/7 facet blocks on 7/18/14. She underwent right C7 epidural steroid injection and bilateral C6/7 facet blocks on 8/22/14. The 9/8/14 treating physician report cited EMG confirmed C6 radiculopathy and clinically confirmed C7 radiculopathy. A Cortisone shot at C7 was exactly provocative of her pain. She felt fine for a few days following injection with no right upper extremity pain. Pain had returned with further triceps weakness and more numbness in all her fingers. MRI findings showed progressive stenosis in the foramen at C5/6 and C6/7. Authorization was requested for a 2-level anterior cervical discectomy at C5/6 and C6/7. The 9/29/14 utilization review denied the request for a nurse evaluation for wound check and home health aide services as the associated surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse Evaluation for Wound Check: Upheld

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

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Guideline criteria have not been met. There is no documentation that the injured worker would require a nursing evaluation for wound check in the home environment. There is no documentation that the injured worker would be homebound. There is no indication that the injured worker would be unable to self-evaluate the surgical wound. Therefore, this request is not medically necessary.

Home Health Aide (1-2 Hours a Day, 2-3 Times a Week for 4 Weeks): Upheld

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

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Guideline criteria have not been met. There is no documentation that the injured worker would be homebound. There is no clear documentation as the type of home health aide services being recommended for this injured worker to establish medical necessity. Therefore, this request is not medically necessary.