

<b>Case Number:</b>	CM14-0027040		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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:

The patient is a 51-year-old male who was injured on 03/08/2013. He sustained an injury to his right shoulder as he was turning the wheel of a bus and he felt a sharp pain and a pop. He reported left upper extremity pain, which developed as he was using his left side more. Prior medication history included Docusate sodium, hydrocodone/acetaminophen, Gabapentin, and Olmesartan Medoxomil. The patient underwent bilateral C5-C6, C6-C7 anterior cervical fusion, bilateral C5-C6, C6-C7 anterior cervical discectomy and decompression, application of prosthetic interbody cage, C5-C6, C6-C7, application of segmental instrumentation C5, C6, C7, dissection of the neural elements with surgical microscope dated 02/03/2014. Prior Utilization Review dated 02/10/2014, states the request for home health post-operative occupational therapy is denied pending the results of the certified physical therapy trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH POST OPERATIVE OCCUPATIONAL THERAPY QTY: 8.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** This is a request for post-operative home health occupational therapy for 8 visits for a 51-year-old male who underwent cervical fusion C5-7 on 2/3/14. According to MTUS guidelines, post-operative physical therapy is recommended after cervical fusion. Home health services are recommended for medical treatment for patients who are home bound. However, according to medical records, the patient was already approved for 8 home health physical therapy visits. No rationale is provided in the records for occupational therapy nor is it clear what benefit this would provide beyond physical therapy. Further, records do not establish the patient is homebound. Medical necessity is not established at this time.