

<b>Case Number:</b>	CM14-0032687		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Physical Medicine and Rehabilitation, 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:

This female patient was injured on 04/17/2008. The mechanism of injury is unknown. Work comp visit dated 06/11/2014 states the patient presented with neck pain extending towards her right shoulder. The patient reported that her neck pain has worsened with motion and denies radiation down her upper extremities. She stated her pain extends to the right shoulder tip. On examination of the cervical spine, there was tenderness to palpation over the right trapezius and rhomboid muscles. The diagnoses are cervical pain, cervical degenerative disk disease, cervical sprain, and spinal stenosis. The patient has been recommended to physical therapy of the cervical spine. There is no mention of the request for post-operative home health. A prior utilization review dated 03/03/2014 states the request for post-operative home health case two hours a day times 10 business days Monday through Friday was not authorized as there was no indication that the patient was going to be homebound postoperatively or had significant deficits that would hinder the patient from performing daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative home health care, two (2) hours a day times ten (10) business days Monday through Friday:** 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:** According to CA MTUS guidelines, home health service is recommended only for otherwise recommended medical treatment for patients who are homebound. The only available record is a work comp visit dated 6/11/2014 (long time after the utilization review date). This report does not document that the patient was homebound at the time of request. Accordingly; and up on the lack of documentation, the requested postoperative home health case two hours a day times ten business days Monday through Friday is not medically necessary.

**Thirty (30) Day supply of TENS unit wires and pads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-117.

**Decision rationale:** According to the CA MTUS guidelines, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. According to the unavailability of any medical records prior to the utilization review date, it seems like the patient has been managed with this modality of treatment. More documentation is needed to determine the medical necessity of the TENS before we can make a decision regarding its supply. Therefore, and on the lack of documentation, the medical necessity of the requested 30 day supply of TENS unit wires and pads has not been established.