MAXIMUS Federal Services

Case Number:	CM14-0036493		
Date Assigned:	06/25/2014	Date of Injury:	11/07/2005
Decision Date:	08/27/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 53 year-old patient sustained an injury on 11/7/05 while employed by [redacted] Request under consideration include Home health care assistance six hours per day, seven days per week for an additional two months and Neurologist consultation for left upper extremity symptoms. Diagnoses include s/p right THA (July 2013); s/p left THA with recurrent dislocation (October 2007); s/p cervical laminectomy fusion of C3-7 (May 2012); degenerative spondylolisthesis with stenosis at L4-5 with pressure on cauda equina; and obesity. Office visit report of 1/21/14 from the provider noted the patient with chronic symptoms and continues to complain of lower extremity weakness with episodes of leg giving way. It was noted the patient has been under the care of orthopedist for the hip and another provider for the lumbar spine and is waiting for neurology consult for her left upper extremity. Neurosurgical Consultation report dated 4/29/14 from neurosurgical provider noting the patient last work on 5/9/12 and is currently on disability. Exam noted neck with tenderness in cervical paraspinous muscles and trapezius bilaterally with range of motion restricted due to pain; back with tenderness of paraspinous muscles with limited range; neurological exam showed 5/5 motor strength in muscle of all extremities; DTR 2+ and equal; toes down going; sensation intact throughout with good coordination and rapid alternating movements of upper extremities and heel-to-shin testing; The patient's posture was normal with gait performed well on toes, heels, toes, as well as tandem. It was noted the patient should have med-legal evaluation with neurosurgeon that require all available medical records for review. Her previous job involved office computer work, filing, etc. The request for Home health care assistance six hours per day, seven days per week for an additional two months and Neurologist consultation for left upper extremity symptoms were non-certified on 2/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance six hours per day, seven days per week for an additional two months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 51.

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

Decision rationale: California MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient is not homebound, able to have multiple follow-up medical visits with variety of specialists. Neurosurgical consultation report also noted no specific deficient performance issue evident or specific limitations in activities of daily living with exam findings of intact neurological motor strength, DTRs, and sensation of bilateral upper and lower extremities that would not require any formal therapy treatment. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home health care assistance six hours per day, seven days per week for an additional two months is not medically necessary and appropriate.

Neurologist consultation for left upper extremity symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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: Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a neurology consultation for chronic unchanged symptoms of upper extremity numbness for this 2005 injury. There are no identifying changed symptom complaints, clinical findings, new injuries or red-flag conditions to support for specialty care beyond the primary provider's care nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The patient has been evaluated by multiple specialists including orthopedist, pain management, and most recently, neurosurgical consultation of April 2014 with intact neurological exam in motor strength, sensation, and DTRs of all extremities. The Neurologist consultation for left upper extremity symptoms is not medically necessary and appropriate.