

Case Number:	CM14-0051978		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2011
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 53-year-old female who reported injury on 09/19/2011 of unknown mechanism. The injured worker complained of cervical pain and significantly improved weakness in the hand. Abnormal findings on examination dated 05/29/2014 were tenderness to palpation over the bilateral trapezii. She had a plain x-ray done on 05/29/2014 that showed hardware in place; otherwise normal x-ray. Her diagnoses were status post anterior cervical discectomy and fusion of C5-6 and C6-7. She had past treatments of physical therapy, chiropractic treatment, two epidural injections, and acupuncture. She was taking flexeril, norco and lexapro. The treatment plan is for 38 postop home care visits with a frequency of 24 hours per day, 7 days per week for one week, then progress to 12 hours per day, 7 days per week for 3 weeks, then progress to 8 hours per day, 5 days a week for 2 weeks, and for medical transportation to and from all medical appointments for 6 weeks. The request for authorization form was not submitted for review. There is no rationale for the request for 38 postop home care visits with a frequency of 24 hours per day, 7 days per week for one week, then progress to 12 hours per day, 7 days per week for 3 weeks, then progress to 8 hours per day, 5 days a week for 2 weeks, or for medical transportation to and from all medical appointments for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

38 post-op home care visits with a frequency of 24 hours per day, 7 days per week for one week, then progress to 12 hours per day, 7 days per week for 3 weeks, then progress to 8 hours per day, 5 days per week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Patient Selection Criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

Decision rationale: The request for the decision for 38 postop home care visits with a frequency of 24 hours per day, 7 days per week for one week, then progress to 12 hours per day, 7 days per week for 3 weeks, then progress to 8 hours per day, 5 days a week for 2 weeks, is non-certified. The injured worker complained of cervical pain and significantly improved weakness in the hand and she was noted to be status post anterior cervical discectomy and fusion of C5-6 and C6-7. CA MTUS guidelines states that home health care visits are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. The requested hours well exceed the recommended 35 hours and in addition it does not state the purpose of the visits. The requested hours well exceeds the recommended 35 hours of home health visits and in addition, it does not state the purpose of the visits. Therefore, the request for 38 postop home care visits with a frequency of 24 hours per day, 7 days per week for one week, then progress to 12 hours per day, 7 days per week for 3 weeks, then progress to 8 hours per day, 5 days a week for 2 weeks, and for medical transportation to and from all medical appointments for 6 weeks is non-certified.

Medical transportation to and from all medical appointments for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, Transportation (to & from appointments).

Decision rationale: The request for transportation to and from all medical appointments for 6 weeks is non-certified. The injured worker complained of pain to the neck with significant relief of pain to the bilateral hands. She had past treatments of physical therapy, chiropractic treatment, two epidural injections, and acupuncture. Official Disability Guidelines state that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Documentation does not specify limitations on activities such as no driving and the note dated 05/20/2014 stated that she was able to perform activities of daily living. Given the above, the request for transportation to and from all medical appointments for 6 weeks is non-certified.

