MAXIMUS Federal Services

Case Number:	CM13-0037326		
Date Assigned:	12/13/2013	Date of Injury:	11/04/2009
Decision Date:	01/30/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/23/2013

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 Minnesota. 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 48-year-old male who fell off a roof from a height of 30 feet on 11/4/2009. He sustained multiple injuries including fractures of an upper extremity. Progress notes dated 8/7/2013 revealed complaints of generalized pain in the left arm, bilateral ankles, left calf, left foot, thighs, neck and head. MRI scan of the cervical spine dated 8/23/2013 revealed degenerative disc disease at C4-5 and C6-7 with neural foraminal narrowing at C6-7. No changes were seen compared to the previous MRI of 9/30/2010. Electrodiagnostic studies were negative for a radiculopathy. His diagnoses include depression, insomnia, chronic pain, loss of teeth, constipation, cervical spinal stenosis, early degenerative arthritis in both knees. He was complaining of neck pain, low back pain, constant severe numbness, headaches, depression, and a chronic pain syndrome involving the neck, left arm, left hand, low back, right knee, and right ankle. Progress notes of September 2013 revealed persisting neck pain with left arm numbness. The documentation indicates that he has been referred for cervical spine surgery. A request for skilled nursing services, two visits for cervical spine was noncertified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled Nursing services 2 visits for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Skilled Nursing Facility

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

Decision rationale: California MTUS chronic pain medical treatment guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. The services do not include personal cares, bathing, tolerating, laundry or housekeeping services. The documentation does not indicate that he will be homebound after the cervical spine surgery. As such, the request for home health services is not supported by guidelines and therefore is not medically necessary.