

Case Number:	CM14-0107901		
Date Assigned:	08/01/2014	Date of Injury:	07/26/2011
Decision Date:	03/31/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and upper back pain reportedly associated with an industrial injury of July 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 20, 2014, skilled nursing services and home health speech therapy were denied. The claims administrator referenced an RFA form received on June 13, 2014 in its determination. The claims administrator suggested that the applicant had received a cervical fusion surgery on June 6, 2014. A partial approval for home-based physical and occupational therapy was seemingly issued. The applicant's attorney subsequently appealed. However, very little in the way of applicant-specific information was attached to the RFA form. On June 12, 2014, the applicant apparently received an occupational therapy evaluation. The applicant was apparently coughing during drinking water and apparently reported problems with chewing and swallowing. The applicant and his caregiver were apparently educated in performance of home exercise. Home-based occupational therapy was endorsed. The applicant had undergone a C4 through C7 fusion surgery, it was stated. The applicant was apparently ambulating slowly and having difficulty transferring. The applicant needed assistance with ambulation, transferring, and leaving the home. The applicant had a willing caregiver at home present, it was stated. No hazards were identified in the workplace. The occupational therapist noted that the purpose of skilled nursing was to inspect the wound. The applicant's wound was apparently normal-

appearing, with no evidence of infection. The treating provider posited that the skilled nursing service was needed to assess the status of the wound, deterioration, and/or complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing 2 X 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 979.

Decision rationale: Yes, the request for eight skilled nursing visits was medically necessary, medically appropriate, and indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical treatment to applicants who are homebound. Here, the information on file, while scant and sparse, did seemingly suggest that the applicant had extremely limited mobility following earlier cervical spine surgery on around the date of the request, June 11, 2014. The applicant did have a fairly large surgical wound which did need periodic monitoring and/or cleaning postoperatively. Skilled nursing, thus, was indicated to perform postoperative wound care here. Therefore, the request was medically necessary.

Home Health Speech Therapy 2 X 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Workers Compensation (ODG-TWC) Head Procedure Summary

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Similarly, the request for four sessions of home health speech therapy was likewise medically necessary, medically appropriate, and indicated here. The postsurgical guidelines in MTUS 9792.24.3 do support an overall course of 24 sessions of postoperative physical therapy treatment following cervical fusion surgery, as transpired here. The applicant did have postoperative issues with difficulty swallowing, difficulty chewing, etc., reported by his speech therapist on June 11, 2014. Obtaining four treatments with a speech therapist, thus, was indicated to ameliorate the applicant's postoperative speech and/or swallowing deficits. Therefore, the request was medically necessary.