

Case Number:	CM14-0181700		
Date Assigned:	11/06/2014	Date of Injury:	12/01/1999
Decision Date:	09/18/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male sustained an industrial injury on 12-01-99. He subsequently reported neck pain. Diagnoses include non-union of fracture and cervical post-laminectomy syndrome. Treatments to date include x-ray and MRI testing, spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience neck pain, difficulty swallowing and numbness in both hands. Upon examination, cervical spine range of motion was reduced. Patrick's, Gaenslen's and Faber's testing were positive. Dysesthesias was noted into the right shoulder, bilateral forearms and both hands. A request for Post-operative home health nurse visit x 1 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home health nurse visit x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back updated 08/04/2014.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. In this case there is no evidence in the records that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore, the request is not medically necessary.