

Case Number:	CM14-0191109		
Date Assigned:	11/24/2014	Date of Injury:	12/02/2011
Decision Date:	10/28/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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:

The injured worker is a 52 year old female, who sustained an industrial injury on 12-02-2011. She has reported subsequent neck and left upper extremity pain and was diagnosed with cervicalgia, cervical stenosis and cervical degenerative disc disease. MRI of the cervical spine in February of 2014 was noted to show a severe amount of stenosis at C4-C5 and C6-C7. Treatment to date has included pain medication. A 08-25-2014 progress note showed the injured worker continued to have severe left upper extremity pain radiating into the shoulder blade and into the hand, thumb and middle finger. The physician noted that conservative therapy had failed and that neck surgery might be able to solve a lot of left arm pain. In an orthopedic preoperative note dated 09-29-2014, the injured worker reported continued severe neck and left upper extremity pain with radiculopathy down into the thumb and middle finger and right upper extremity pain with radiation into the scapula. Objective examination findings showed decreased sensation in the left thumb and middle finger. X-rays of the cervical spine taken that day were noted to show congenital auto fusion at C5-C6 and significant degenerative disc disease at C4-C5 and C6-C7. Work status was documented as off work until the next appt. The injured worker underwent an anterior discectomy and fusion at C4-C5 and C6-C7 on 10-09-2014. A request for authorization of post-op home health care 3 x weeks x 2 hrs A day x 2 weeks was submitted. As per the 10-16-2014 utilization review, the request for post-op home health care 3 x weeks x 2 hrs A day x 2 weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Home Health Care 3 x Weeks x 2 Hrs A Day x 2 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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. There is no evidence in the records from 9/29/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore determination is for non-certification NOT medically necessary.