

Case Number:	CM15-0103451		
Date Assigned:	06/08/2015	Date of Injury:	05/10/2010
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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

Certification(s)/Specialty: Internal 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 injured worker is a 68 year old male who sustained a work related injury May 10, 2010. Past history included spinal cord stimulator placement, infected and removed (February 14, 2014), with wound therapy/care and negative pressure, s/p L3-S1 fusion. After a year, the wound did not heal and according to the primary treating physician's progress report, dated February 4, 2015, there was a 3 mm open wound in the previous thoracic spine incision, 3-4 mm depth and two open wounds in the lumbar spine 3 mm in diameter and 2 mm in diameter. He received home health service for irrigation, debridement and packing two to three times a week and after therapy, scheduled for contaminated hardware removal. The most recent medical record, a physician's supplemental report, dated February 18, 2015, finds the upper lumbar spine wound irrigated and packing removed with a large amount of purulence expressed. More irrigation and high pressure debridement performed. The lower lumbar spine was irrigated and debrided as well. Both wounds were packed open. The thoracic wound itself is a pinhole size. They used a blunt technique to open the wound, the depth underneath approximately 2.5-3 cm. Irrigation and high pressure debridement was performed and pack with hydrogen peroxide gauze. Diagnoses are bilateral radiculopathy; open thoracic spine wounds; two lumbar spine wounds. At issue, is the request for authorization for RN visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN Visits 1x/week (04/14/15 to 05/06/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service, Medicare Benefit Policy Manual, Chapter 7, Home Health Service, Rev 179, 01-14-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 2790 and Version 42.0.

Decision rationale: Up to date reviews post hospital discharge care of patients. One study showed that home visits by a number of different providers decreased the need for readmission to the hospital. One trial showed that one visit from a nurse or pharmacist to a patient's home who had had heart failure in the hospital was successful in reducing by 50 % the rate of readmission to the hospital. This was accomplished by optimizing medical management. Another study in geriatric patients evaluated a special program in which the discharged patient was assigned to a nurse coach who initially visited the patient at home and then did most of the follow up by phone. This nurse emphasized self management and counseled the patient in regards to appointments, maintaining health records, and overall methods to enhance the patients health. It was noted that hospital readmission was decreased and that overall there was a decrease in health care expenditure per patient. Noting the above findings, it appears evident that trained nursing follow up at home should improve compliance and the results of outpatient treatment of complex medical problems. Our patient above has a history of chronic non healing wounds secondary to an infected hardware. He was recently noted to have multiple wounds associated with purulence. The patient should have all the possible resources available in order to promote healing and to avoid complications, which could result in rehospitalization and greater expenditure of health care resources. He should have a trained visiting nurse monitoring for changes and supervising dressing changes and wound care and proper application of topical treatments to the wound. Therefore, the UR decision is reversed and the patient should have RN visits at home. The request for RN Visits 1x/week (04/14/15 to 05/06/15) is medically necessary.