

Case Number:	CM15-0104016		
Date Assigned:	06/08/2015	Date of Injury:	02/19/2010
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
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 70-year-old male, with a reported date of injury of 02/19/2010. The diagnoses include low back pain, scoliosis, lumbar spondylolisthesis, kyphosis, lumbar instability, prior lumbar laminectomy, lumbar facet disease, bilateral lumbar radiculopathy with motor deficit, cauda equine impingement, bladder incontinence, status post lumbar fusion at L2-S1, and status post fusion at T12-S1. Treatments to date have included physical therapy; spinal fusion, decompressive laminectomy, facetectomy, and resection of synovial cyst on 02/17/2015; oral medications; and occupational therapy. The medical report dated 03/31/2015 indicates that the injured worker was admitted to acute rehabilitation with complaints of severe spine stenosis and status post spinal fusion with significant postoperative complications. He required multiple surgeries and medical treatment. The injured worker had respiratory failure, a perforated bowel during his surgery, and a blood clot in the lung after surgery. A hemicolectomy was performed and he had some wound dehiscence. Another outpatient note noted that the patient had lost a lot of weight and had OSA and had experienced multifactorial anemia. He was being discharged on Coumadin for treatment of multiple bilateral pulmonary emboli and that his pain was not well controlled at home. The progress note dated 04/13/2015 indicates that the injured worker had progressed well with daily multidisciplinary therapy sessions. There were no complaints and no requests. There were no objective findings documented regarding the lumbar spine. There was documentation that the injured worker needed some assistance with activities of daily living, like bathing, toileting, and dressing. The goal was for the injured worker to return home with his spouse. Another progress note from 5/22/15 states that the patient was wearing a TLSO brace

when he was out of bed and that OT was helping him to get moving again. He was noted to be ambulating with a walker. He was instructed to avoid bending or lifting more than 10 to 12 pounds in weight. He was given an order for PT. The treating physician requested thirty home health physical therapy visits for the lumbar spine; thirty home health occupational therapy visits for the lumbar spine; and thirty home health RN (Registered Nurse) visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy, 30 days, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 patient's health. It was noted that hospital readmission was decreased and that overall there was a decrease in health care expenditure per patient. Our particular patient was noted to wear a brace when ambulating, instructed not to bend down, and was limited to lifting no more than 10 to 20 pounds. He definitely would benefit from more PT at home. Therefore, the request is medically necessary; the UR decision is overturned.

Home health occupational therapy, 30 days, lumbar spine: Overturned

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

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 patient's health. It was noted that hospital readmission was decreased and that overall there was a decrease in health care expenditure per patient. The MD noted that occupational therapy at home was beneficial in helping him to move again. Therefore, the request is medically necessary; the patient benefited from this modality and the UR decision is overturned.

Home health RN, 30 days, lumbar spine: Overturned

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

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 patient's health. It was noted that hospital readmission was decreased and that overall there was a decrease in health care expenditure per patient. Our particular patient had a very complex hospital course and was noted to have wound dehiscence and multiple pulmonary emboli as well as signs of protein calorie malnutrition with weight loss. Certainly, a visiting RN would aid in optimizing the use of Coumadin and decreasing the risk of secondary hemorrhage. Also, the nurse would be instrumental in increasing nutrition and in monitoring healing of the wound dehiscence. Therefore, the request is medically necessary; the UR decision is overturned.