

<b>Case Number:</b>	CM15-0105670		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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, Indiana, New York  
 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:

This 40 year old female sustained an industrial injury on 2/4/10. She subsequently reported neck pain. Diagnoses include status post spinal cord injury at level C5-C7. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck pain and has difficulty performing ADL's. Upon examination, sensory sensation is reduced left greater than right and right hemiparesis was noted. Positive swelling of the left anterior neck was noted. Cranial nerves were grossly intact. Kernig's sign and Brudzinski's signs were negative. A request for Ultrasound of the Neck/thyroid and Home Health Aid for ten hours a week for three months 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:

**Home Health Aid for ten hours a week for three months: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health aid.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home health aid 10 hours per week for 3 months is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services that with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker's working diagnosis is C5 - C7 level spinal cord injury, unspecified. The injured worker has a right hemiparesis and uses a wheelchair. The documentation does not indicate the injured worker is homebound. As a prelude to home care, there is a requirement that the injured worker be homebound in order to receive personal care services or professional services. Subjectively, according to an April 23, 2015 progress note, the injured worker struggles with performing some ADLs and running errands on her own. The worker complains of increased left shoulder pain and right shoulder feels different. She also complains of some neck pain. Subjectively, there is also increased puffiness of the right neck near the old surgical site near the thyroid. Objectively, the neurological evaluation shows the right hemiparesis. There is swelling of the left anterior neck near the thyroid. There is no documentation the injured worker's homebound. Consequently, absent clinical documentation indicating a homebound status, home health aid 10 hours per week for 3 months is not medically necessary.

**Ultrasound of the Neck/thyroid:** 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, Ultrasound, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Diagnostic ultrasound.

**Decision rationale:** Pursuant to the Official Disability Guidelines, ultrasound of the neck/thyroid is not medically necessary. The guidelines do not recommend diagnostic ultrasound. In uncomplicated back pain ultrasound is experimental at best. In this case, the injured worker's working diagnosis is C5 - C7 level spinal cord injury, unspecified. The injured worker has a right hemiparesis and uses a wheelchair. The documentation and subsequent progress notes differs as to the location of puffiness in the anterior neck. One progress

shows puffiness in the right side of the neck and, objectively, there is swelling in the left anterior neck. There is no documentation indicating how the puffiness in the anterior neck relates to the industrial injury/spinal cord injury with subsequent) increases. The guidelines do not recommend diagnostic ultrasound. Consequently, absent guideline recommendations for performing diagnostic ultrasound and inconsistent clinical documentation, ultrasound of the neck/thyroid is not medically necessary.