

<b>Case Number:</b>	CM15-0133175		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 64-year-old female, who sustained an industrial injury on 8/9/01. Initial complaints were not reviewed. The injured worker was diagnosed as having opioid dependence; pain in joint hand; pain in joint upper arm; right arm fracture; right shoulder arthritis. Treatment to date has included status post right elbow revision total elbow arthroplasty with reverse total shoulder arthroplasty/right humerus replacement (12/18/14); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 5/18/15 indicated the injured worker complains of a milder pain in the right arm controlled with pain medications. He documents she is OK to go home today. She is a status post-surgery on 4/30/15 for a right shoulder osteotomy of the proximal humerus with removal of cement, removal of total elbow and a reverse total shoulder arthroplasty, total elbow arthroplasty (revision both humeral and ulnar components. The ulnar component was cemented into the radius, complex wound closure, applications of a wound VAC with a continuous pain block with ropivacaine 0.2%/5cc/hr. She is doing well with pain better controlled. The provider's PR-2 note dated 5/29/15 explains he kept her in the hospital to avoid an infection. She had a failed total elbow arthroplasty with significant bone loss. She then had a revision right elbow arthroplasty with reverse total shoulder arthroplasty/ right humerus replacement on 4/30/15. The provider notes, at some point in her care; her dog was licking her wound at some point causing a severe infection. He notes she is going to need to be in a nursing home for a total of six weeks until she gets six weeks of parental antibiotics. He further documents, she is not smoking at this time, which is great, but she has a bad cough. She has a number of cultures, which one was positive for MRSA from her nose. The remainder of the cultures is negative so far. He remarks if this surgery does not take, she has no alternatives. The injured worker has an infected left elbow, pseudomonas urinary tract infection and leukocytosis. The provider recommends continuing with Vancomycin and Cefepime for six

weeks and a repeat of the CBC and urinalysis at that time. Notes dated 6/13/15 indicated the injured worker had pulled out her PICC line and Cefepime and Daptomycin were put on hold. The provider is requesting authorization of home health care for IV antibiotics (frequency and duration are not indicated).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health care for IV antibiotics- frequency and duration not indicated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

[http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-](http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/MRSA%20slideset%2010%2012%2011%20Final.pdf)

[Patient\\_Care/PDF\\_Library/MRSA%20slideset%2010%2012%2011%20Final.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/MRSA%20slideset%2010%2012%2011%20Final.pdf) MRSA Bone and Joint Infections.

**Decision rationale:** IDSA rates Vancomycin, Daptomycin and Linezolid as Grade II level of evidence to treat MRSA bone and joint infections intravenously. These drugs are administered up to twice a day intravenously. This request does not mention the antibiotics administered nor the dosing for the home health nurse to administer. If the patient is homebound, a home health nurse to administer the IV antibiotics is medically necessary. However, the medical records state that the patient is in a nursing home, which presumably has nursing staff to administer IV antibiotics. Therefore, it is not obvious that a home health nurse to administer is medically necessary. Therefore, the patient is apparently in a nursing home, this request for home health nursing is not medically necessary.