

Case Number:	CM15-0149978		
Date Assigned:	08/13/2015	Date of Injury:	06/25/2014
Decision Date:	09/17/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	08/03/2015

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: Illinois, California, Texas
 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:

This injured worker is a 58-year-old male who sustained an industrial injury on 6/25/14. The mechanism of injury was not documented. Conservative treatment included medications, activity modifications, diagnostics, surgery and other modalities. Past medical history was positive for diabetes mellitus, hyperlipidemia, hypertension, esophageal reflux and coronary artery disease. He underwent L4/5 and L5/S1 decompressive laminectomy and fusion on 6/29/15. He was certified for a 7-day post-op inpatient rehabilitation stay. The 7/3/15 admission report documented the hospital course had been notable for significant pain, constipation, anemia, and significant impairments in self-care and mobility as compared to baseline. He currently required minimal to moderate assistance for self-care and mobility tasks. Physical exam documented good strength in the bilateral upper extremities and antigravity strength in the bilateral lower extremities. The injured worker had been admitted for comprehensive interdisciplinary acute rehab and was anticipated to tolerate 3 hours of daily therapy in divided doses, including physical therapy, occupational therapy, and rehab nursing. The 7/7/15 physical therapy note indicated the injured worker required supervised set up for bed, chair, and wheelchair, and required a front wheeled walker for ambulation. Functional assessment indicated that the injured worker was no independent in all activities of daily living and needed short term assistance. Authorization was requested for a 12 visits of home health physical therapy, 12 visits of home health occupational therapy, and a home health nurse evaluation, home health aide 2 hours a day for 3 days per week for 4 weeks, Thermacure 30 day rental with pads, DVT (deep vein thrombosis) device 1 month rental, and DME (durable medical equipment) set up. The 7/8/15

utilization review certified a request for 12 visits of home health physical therapy, 12 visits of home health occupational therapy, and a home health nurse evaluation. The 7/8/15 utilization review documented there was a combined request for a home health aide 2 hours a day for 3 days per week for 4 weeks and a non-specific request for a home health aide 2 hours per day for 3 days per week with no duration which was modified to a home health aide 2 hours a day for 3 days per week for 4 weeks. The request for a Thermacure 30-day rental with pads was none certified as the use of a sustained cold/heat therapy mechanical device was not supported in the lumbar spine. The request for a one-month rental of a DVT unit was non-certified as there was no indication for prolonged immobility given the acute inpatient rehab stay requested for the initial two weeks. The request for DME set-up was non-certified without a documented rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates surgical services; Home health aid side 2 hours/day for 3 days per week for 4 weeks qty 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have been met for short time home health aide services based on functional limitations, homebound status, and concurrent skilled therapy and nursing services. The 7/8/15 utilization review modified two separate requests for these services to home health aide 2 hours a day for 3 days per week for 4 weeks. There is no compelling rationale to support the medical necessity of additional certified home health aide services at this time. Therefore, this request is not medically necessary.

Associates surgical services; Thermacure 30 day rental, pads qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back www.mdorthopedics.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page 160-161.

Decision rationale: The California MTUS are silent regarding hot/cold therapy devices, but recommend at home applications of hot or cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a hot/cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.

Associates surgical services; DVT 1 month rental qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Knee & Leg, venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: DVT (deep vein thrombosis); Venous thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anti-coagulation therapy. Guideline criteria have not been met. There are no specific high risk factors noted to support the medical necessity of this request. There is no documentation that that anti-coagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. There is no compelling rationale to support the prolonged use of a DVT device during active rehabilitation. Therefore, this request is not medically necessary.

Associates surgical services; DME (durable medical equipment) set up qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Durable medical equipment (DME).

Decision rationale: The California MTUS guidelines do not provide recommendations for post-operative durable medical equipment (DME). The Official Disability Guidelines recommend DME generally if there is a medical need and if the device or system meets Medicare's definition of DME. The DME is defined as equipment which: Can withstand repeated use, i.e., could normally be rented, and used by successive patients; Is primarily and customarily used to serve a

medical purpose; Generally is not useful to a person in the absence of illness or injury; & Is appropriate for use in a patient's home. There is no specific indication for the DME set up being requested. There is no indication of what durable medical equipment this set up applies to. Some durable medical equipment has not been certified so set-up would not be supported. Therefore, this request is not medically necessary at this time.