

Case Number:	CM15-0167908		
Date Assigned:	09/08/2015	Date of Injury:	02/25/2015
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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

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 36 year old female who sustained an injury on 2-25-15 resulting when she was hit by 2000 lbs. loader equipment. She sustained T12 fracture and dislocation; L1 right transverse process avulsion fracture. MRI of the thoracic spine showed markedly comminuted burst fracture of T12 vertebral body with marked retropulsion; severe central spinal stenosis with severe mass effect on the spinal cord. The report dated 7-7-15 chief complaint is thoracic paraplegia at T12. She had an unstable fracture, needed stabilization from T9 - L3 with pedicle screw fixation and fusion with T12 laminectomy, and was transferred to a rehabilitation center 4-8-15 and discharge 5-5-15. The discharge diagnoses was thoracic spinal cord injury; paraplegia following spinal cord injury; speech disturbance; muscle weakness; adjustment reaction with mixed emotional features; impaired mobility in activities of daily living; anxiety; depression; hemothorax; neurogenic bowel and bladder. She is wheelchair bond. The recommendation included physical therapy 2 times a week; Percocet; Valium as needed; Lovenox 40 mg. She has experienced frequent bladder infections and calcaneal ulcerations. The left heel had a grade 3, 3.5 cm in width and 4 cm in length ulceration. Current request: wound care nurse to treat calcaneal ulcerations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health wound nurse: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

Decision rationale: The patient sustained traumatic T12 vertebral burst fracture with mass effect on spinal cord resulting in paraplegia. Complications include a left heel grade 3 ulcer requiring home wound care nurse. MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does meet the criteria to support this treatment request and medical necessity has been established. Submitted reports have adequately addressed the indication and demonstrated the necessity for home health. There is specific deficient performance issue evident as the patient has documented deficiency and was discharge from acute rehab post thoracic spine surgery with neurogenic bowel and bladder and appears to be homebound. It is unclear if there is any issue with family support. Reports have noted clear medical deficits identified for home wound care nurse; however, unspecified number of home visits without assessment of functional benefit is not consistent with guidelines criteria. Utilization report had requested for additional information pertaining to quantity of visits three times without adequate response and review of current records provided have not indicated such information. Therefore, the Home health wound nurse (unspecified quantity) is not medically necessary and appropriate.