MAXIMUS Federal Services

Case Number:	CM15-0185822		
Date Assigned:	09/28/2015	Date of Injury:	09/18/2009
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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 51-year-old female who sustained an industrial injury on 9/18/09. Injury occurred while she was working as an office technician, pulling a cart overflowing with medical records. Past medical history was positive for diabetes, depression and anxiety. Conservative treatment had included physical therapy, epidural steroid injections, activity modification, and medications. The 7/7/15 cervical spine MRI impression documented minor changes of myelopathy to the left aspect of the cord, now demonstrated at C3/4, progression of neuroforaminal narrowing in C4/5 through C6/7, and straightening of the expected cervical lordosis and minor dextroconvex scoliosis of the mid-cervical spine. At C3/4, there was progression of a decompression towards the left up to 4.3 mm. There was cord flattening and minimal indentation with central canal stenosis. At C4/5, there was progression of multifactorial changes and the cord flattening re-demonstrated with borderline central canal stenosis and moderate bilateral neuroforaminal stenosis. The 8/10/15 cervical spine x-ray documented C3-7 disc narrowing with anterior and posterior osteophytosis, mild facet arthropathy, and limited range of motion in flexion and extension without spondylolisthesis. The 8/17/15 treating physician report cited worsening neck symptoms with loss of coordination and balance, and difficulty writing. Physical exam documented positive Spurling's sign, and positive Tinel's in both wrists and the right elbow. There was normal strength and sensation over the upper extremities. Upper extremity deep tendon reflexes were normal over the bilateral triceps and brachioradialis and the left biceps, and increased over the right biceps. The injured worker had signs and symptoms of myeloradiculopathy, ataxic gait, hyperreflexia, and positive Hoffman's on

the right. Authorization was requested anterior cervical discectomy and fusion (ACDF) at C3-C7 with assistant surgeon, pre-operative medical clearance, pre-operative lab testing, chest x-ray, and EKG, 2 day inpatient stay, cervical collar, bone growth stimulator, post-operative home health registered nurse (RN), post-operative home health physical therapy, and front wheeled walker. The 9/2/15 utilization review certified the ACDF at C3-C7 with assistant surgeon, pre-operative clearances, bone growth stimulator, and durable medical equipment. The request for post-operative home health RN was modified to one visit for evaluation to determine if additional in-home follow-up would be necessary. The request for post-operative home health physical therapy was modified to 4 initial visits with additional home health versus outpatient physical therapy to be determined based on the injured worker's condition following the initial course of treatment. The original utilization review (September 2, 2015) non-certified a request for postoperative home health registered nurse and home health physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home health registered nurse: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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. Guideline criteria have not been met. There is no documentation that a medical treatment is required to be performed by an RN. There is no specific frequency/duration documented for this request. The 9/2/15 utilization review modified this request to an initial RN home health evaluation to determine the in-home follow-up that would be necessary. There is no compelling rational to support the medical necessity of additional home health RN services at this time. Therefore, this request is not medically necessary.

Post-operative home health physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services, and Postsurgical Treatment 2009, Section(s): Low Back.

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. The California Post-Surgical Treatment Guidelines for surgical treatment of cervical fusion suggest a general course of 24 post-operative physical medicine visits over 16 weeks after graft maturity, during the 6-month post-surgical treatment period. Guideline criteria have not been

met. There is no compelling rationale to support the medical necessity of home health physical therapy in the immediate post-operative period for the cervical region as graft maturity would not have been achieved. However, a brief course of physical therapy to allow for patient education in general mobility and use of assistive devices would be reasonable. The 9/2/15 utilization review modified this request to 4 initial home health visits. There is no compelling rationale to support the medical necessity of additional home health physical therapy beyond that already certified. Therefore, this request is not medically necessary.