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| Case Number: | CM15-0190747 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 10/09/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 52-year-old female who sustained an industrial injury on 10/9/13. The mechanism of injury was not documented. Past medical history was reported as negative. The 4/22/15 electrodiagnostic study impression documented electrodiagnostic evidence of mild bilateral carpal tunnel syndrome and left chronic C6 radiculopathy, and findings suggestive of a right C5/6 radiculopathy. The 5/13/15 cervical spine MRI impression documented mild to moderate degenerative disc disease, mild retrolisthesis of C5 on C6 with mild spinal and bilateral foraminal stenosis, and mild bilateral neuroforaminal narrowing at C4/5. The 8/12/15 treating physician report cited persistent neck pain. Physical exam documented ongoing numbness and tingling to the thumb and radial portion of the forearm without weakness in brachioradialis, biceps, triceps or grip, and absent right brachioradialis reflex. The physician documented EMG evidence of chronic and acute changes at the right C6 nerve root. There was imaging evidence of right foraminal stenosis at C5/6 consistent with clinical exam. The injured worker had failed conservative treatment including anti-inflammatory medication, physical therapy, and activity modification without resolution of symptoms. Authorization was requested for anterior cervical discectomy and fusion at C5/6 with associated surgical services, including home health RN for wound check and possible home health aide services and a 1-3 day inpatient stay. The 9/4/15 utilization review certified the request for anterior cervical discectomy and fusion at C5/6 and a home health RN for wound check. The request for possible home health aide services was non-certified as there was no documentation of specific medical necessity to support this request. The

request for 1-3 day inpatient stay was modified to one day of hospitalization consistent with the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1-3 day inpatient stay: 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), Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day. The 9/14/15 utilization review modified the request for 1-3 days inpatient stay, certifying 1 day. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 1 day hospital stay previously certified. Therefore, this request is not medically necessary.

Associated surgical service: Possible home health aide services: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide 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. 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 not been met. There is no clear documentation as the type of home health services being recommended for this patient to establish medical necessity. There is no evidence of a comorbidity to support this request. There is no evidence that the patient will be confined to home following surgery. Therefore, this request is not medically necessary.