

Case Number:	CM15-0201613		
Date Assigned:	10/16/2015	Date of Injury:	04/07/2014
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii
 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:

This is a 56 year old male who sustained a work-related injury on 4-7-14. Medical record documentation on 8-8-15 revealed the injured worker was being treated for cervical spondylitic radiculopathy of C5-6 and C6-7. He reported neck pain with radiation of pain to the right arm. He reported numbness and tingling in the right arm. An MRI of the cervical spine revealed C5-6 2-3 mm broad-based right paracentral herniated disc, uncovertebral osteophyte causing bilateral neuroforaminal narrowing. He had some central canal stenosis and bilateral exiting nerve root compromise. At C6-7 he had a 2 to 3 mm disc osteophyte complex also resulting in bilateral neuroforaminal narrowing and central canal stenosis. Objective findings included +1 cervical paraspinous muscle spasm and tenderness to palpation of the cervical paraspinal muscles. His cervical spine range of motion included flexion to 50 degrees, extension to 60 degrees, bilateral lateral bending to 45 degrees, and bilateral rotation to 80 degrees. The treatment plan included anterior cervical discectomy and fusion at C5-6 and C6-7. A request for durable medical equipment of front-wheeled walker and 3-in-1 commode and for home health nurse daily for five days for dressing changes and wound check was received on 9-8-15. On 9-17-15, the Utilization Review physician determined the post-operative durable medical equipment of front-wheeled walker and 3-in-1 commode following anterior cervical discectomy and fusion were not medically necessary and modified the request for post-operative home health nurse daily for five days for dressing changes and wound check to one hour per day for five days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative DME Purchase" FWW (after anterior cervical Discectomy and Fusion at C5-6 and C6-7): 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) Treatment Index, 13th Edition, 2015, Knee & Leg, Durable medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee & Leg, DME.

Decision rationale: The patient presents with pain affecting the neck with radiation to the right arm. The current request is for Post-Operative DME Purchase FWW (after anterior cervical Discectomy and Fusion at C5-6 and C6-7). The treating physician report dated 8/8/15 (434B) provides no rationale for the current request. The MTUS guidelines do not address durable medical equipment (DME). The ODG guidelines for DME states, "Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations." In this case, the treating physician has not outlined the medical rationale for this request. There is no information to indicate that the patient requires assistance with ambulation or is bed or room confined. Without any details as to why this patient requires assistance, there is no way to tell if the request is consistent with the ODG guidelines. The current request is not medically necessary.

Post-operative DME Purchase: 3 in 1 Commode (after Anterior cervical Discectomy and Fusion at C5-6 and C6-7): 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) Treatment Index, 13th Edition, 2015, Knee & Leg, Durable medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee & Leg, DME.

Decision rationale: The patient presents with pain affecting the neck with radiation to the right arm. The current request is for Post-Operative DME Purchase: 3 in 1 Commode (after anterior cervical Discectomy and Fusion at C5-6 and C6-7). The treating physician report dated 8/8/15 (434B) provides no rationale for the current request. The MTUS guidelines do not address durable medical equipment (DME). The ODG guidelines for DME states, "Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations." In this case, the treating physician has not outlined the medical rationale for this request. There is no information to indicate that the patient requires assistance with ambulation or is bed or room confined.

Without any details as to why this patient requires assistance, there is no way to tell if the request is consistent with the ODG guidelines. The current request is not medically necessary.

Post-operative Home Health RN, Daily x5 days for dressing changes and wound check (following an Anterior cervical Discectomy and Fusion at C5-6 and C6-7): Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck with radiation to the right arm. The current request is for Post-Operative Home Health RN, Daily x5 days for dressing changes and wound check (following an anterior cervical Discectomy and Fusion at C5-6 and C6-7). The treating physician report dated 8/8/15 (434B) provides no rationale for the current request. The MTUS guidelines state "Home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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." The guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. In this case, while a home health aide may be medically necessary, the total amount of hours to receive the above-mentioned service is not specified in the current request. Furthermore, without a quantity of hours specified, it is unknown if the current request exceeds the maximum of 35 hours supported by the MTUS guidelines. The current request is not medically necessary.