

Case Number:	CM15-0206893		
Date Assigned:	10/23/2015	Date of Injury:	09/30/2013
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 56 year old female who sustained an industrial injury on 09-30-2013. In the provider notes of 08-20-2015, the worker complained of persistent low back pain, lower extremity pain, more on the left, neck pain, and left shoulder pain. Her prior treatment included epidural steroid injections, and an injection in the left shoulder with good relief. At the 08-20-2015 visit, the worker was having limitation of activities of daily living (no examples of the limitations were given). She had an appointment with a spine surgeon, and on 09-28-2015 had surgery for a L4-S1 lumbar spondylosis with segmental instability and neural compression with progressive neurologic deficit in the bilateral lower extremities, left greater than right. She was transferred for a 7-day stay to inpatient rehab for physical and occupational therapy. By 09-07-2015, the worker was described as modified independent in gait and could travel 250 feet. She was modified independent in bed mobility, and could transfer into and out of the shower with assistance. Activity tolerance was good and response to treatment was progressing. In her initial evaluation for homecare, the worker was noted to need assistance in transferring, bathing, ambulation, and preparation of meals, light housekeeping and personal laundry. She complained of stiff legs, hips and back pain that contributed to difficulty walking. According to her pain assessment form, she had difficulty with sleep, physical activity, and was concerned about being unable to move and walk. She had a mid-lower back incision with a small area of serous drainage, and still had staples in the incision. PRN visits were assigned for wound care and wound assessment. Her medications included Eszopiclone, Cyclobenzaprine, Sumatriptan, Zofran, lansoprazole, Spironolactone, Tramadol, Nabumetone, Gabapentin, Famotidine, DSS,

and Levofloxin. A request for authorization was submitted for: 1. Physical Therapy and Occupational Therapy Evaluation (duration & frequency unspecified); 2. Home Health Aid 6 hours per day for 5 days per week; 3. Skilled Nursing 3 times a week; 4. RN evaluation. A utilization review decision 09-29-2015 Authorized: Physical Therapy and Occupational Therapy Evaluation (duration & frequency unspecified) and Non-certified: Home Health Aid 6 hours per day for 5 days per week; Skilled Nursing 3 times a week; RN evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 6 hours per day for 5 days per week: 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 56 year old patient is status post L4-S1 interbody fusion, internal fixation, and complete laminectomy, as per operative report dated 08/28/15. The request is for Home Health Aid 6 hours per day for 5 days per week. The RFA for this case is dated 09/08/15, and the patient's date of injury is 09/30/13. Diagnoses, as per pain management specialist progress report dated 08/20/15, included cervical sprain/strain, cervical facet arthropathy from C3 to C6, cervical radiculopathy at C5 and C6, lumbar disc disease with disc bulging at T-L1, L3-4 and L5-S1, lumbar facet arthropathy at L3-4, L4-5 and L5-S1, lumbar radiculopathy at L5-S1, and anxiety and depression syndrome. Medications, as per this report, included Gabapentin. Diagnoses, as per spinal surgeon's report dated 07/02/15, included cervical / lumbar discopathy, cervicgia, carpal tunnel / double crush syndrome, right shoulder impingement syndrome with labral and rotator cuff tear, left shoulder rotator cuff tear, right hip degenerative joint disease, left knee chondromalacia patella with degenerative tear of medial and lateral meniscus, right knee meniscus tear with degenerative joint disease, and bilateral plantar fasciitis. There are no post- surgical progress reports from the physician that document the recent patient's condition or work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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." In this case, the patient requires home health aid to help with "ADL's and meals assistance", as per physician's plan of treatment report dated 09/15/15. The patient also underwent an initial home health evaluation on 09/15/15. The request is for assistance 6 hours per day for 5 days per week. However, it does not include the duration or the number of weeks for which the assistance is required. MTUS does not support such open- ended requests. Additionally, MTUS does not consider homemaker services such as meal preparation as medical treatments. Hence, the request is not medically necessary.

Skilled Nursing 3 times a week: 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), Knee & Leg (updated 7/10/15), Online Version, Skilled nursing facility (SNF) care.

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

Decision rationale: The 56 year old patient is status post L4-S1 interbody fusion, internal fixation, and complete laminectomy, as per operative report dated 08/28/15. The request is for Skilled Nursing 3 times a week. The RFA for this case is dated 09/08/15, and the patient's date of injury is 09/30/13. Diagnoses, as per pain management specialist progress report dated 08/20/15, included cervical sprain/strain, cervical facet arthropathy from C3 to C6, cervical radiculopathy at C5 and C6, lumbar disc disease with disc bulging at T-L1, L3-4 and L5-S1, lumbar facet arthropathy at L3-4, L4-5 and L5-S1, lumbar radiculopathy at L5-S1, and anxiety and depression syndrome. Medications, as per this report, included Gabapentin. Diagnoses, as per spinal surgeon's report dated 07/02/15, included cervical/lumbar discopathy, cervicgia, carpal tunnel/double crush syndrome, right shoulder impingement syndrome with labral and rotator cuff tear, left shoulder rotator cuff tear, right hip degenerative joint disease, left knee chondromalacia patella with degenerative tear of medial and lateral meniscus, right knee meniscus tear with degenerative joint disease, and bilateral plantar fasciitis. There are no post-surgical progress reports from the physician that document the recent patient's condition or work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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." In this case, the treater is requesting skilled nursing for "wound care, assessment and patient education", as per physician's plan of treatment report dated 09/15/15. The patient underwent an initial evaluation on 09/15/15, followed by some nurse home visits for dressing of the surgical incision, as indicated by Nurse report dated 10/15/15. While visits for wound care and patient education appear reasonable, the request does not include the duration or the number of days for which this service is required. MTUS does not support such open-ended requests. Given the lack of relevant documentation, the request is not medically necessary.

RN evaluation: Overturned

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 ACOEM Chapter 7, page 127.

Decision rationale: The 56 year old patient is status post L4-S1 interbody fusion, internal fixation, and complete laminectomy, as per operative report dated 08/28/15. The request is for

RN evaluation. The RFA for this case is dated 09/08/15, and the patient's date of injury is 09/30/13. Diagnoses, as per pain management specialist progress report dated 08/20/15, included cervical sprain/strain, cervical facet arthropathy from C3 to C6, cervical radiculopathy at C5 and C6, lumbar disc disease with disc bulging at T-L1, L3-4 and L5-S1, lumbar facet arthropathy at L3-4, L4-5 and L5-S1, lumbar radiculopathy at L5-S1, and anxiety and depression syndrome. Medications, as per this report, included Gabapentin. Diagnoses, as per spinal surgeon's report dated 07/02/15, included cervical/lumbar discopathy, cervicalgia, carpal tunnel/double crush syndrome, right shoulder impingement syndrome with labral and rotator cuff tear, left shoulder rotator cuff tear, right hip degenerative joint disease, left knee chondromalacia patella with degenerative tear of medial and lateral meniscus, right knee meniscus tear with degenerative joint disease, and bilateral plantar fasciitis. There are no post-surgical progress reports from the physician that document the recent patient's condition or work status. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states: "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the patient is status post recent lumbar surgery. The request for skilled nursing assessment is noted in physician's plan of treatment report dated 09/15/15. The reports also indicate that the patient underwent a nursing assessment on 09/15/15. It is not clear if the request is for the 09/15/15 assessment or if the treater is requesting for another evaluation. Nonetheless, given the patient's surgery, a skilled nursing assessment of the wound appears reasonable, and is medically necessary.