

Case Number:	CM15-0023578		
Date Assigned:	02/13/2015	Date of Injury:	08/19/2010
Decision Date:	03/27/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 60-year-old male, who sustained an industrial injury on 8/19/10. Injury occurred when he felt a pop in his neck while fixing a duct, and developed significant neck and right arm pain with numbness and tingling. The patient underwent C5/6 and C6/7 anterior cervical discectomy and fusion. Records documented the injured worker had chronic persistent neck pain radiating into the right scapula and upper extremity and weakness following surgery. The 11/25/14 treating physician report cited a chief complaint of continued neck pain, right shoulder and arm pain, and numbness and weakness of the right shoulder and arm. Physical examination showed decreased range of motion of the cervical spine with mild pain with palpation, right arm pain with decreased strength, and decreased sensation of the right thumb, fingers and palm. The assessment indicated the patient was status post C5/6 and C6/7 anterior cervical discectomy and fusion with probable pseudoarthrosis, recurrent neck pain and radiculopathy, and with significant disc degeneration, facet arthropathy, and stenosis at C3/4, C4/5, and C7/T1, and far laterally at C5/6 and C6/7. The treatment plan recommended laminectomies and foraminotomies from C3 to T1, and possibly to T2. The treating physician requested postoperative home health evaluation and treatment (registered nurse, physical therapy, occupational therapy) for a total of six visits. On 1/20/15, utilization review partially certified the request for Home Health visits to one evaluation by a registered nurse to assess the needs of the patient after surgery, citing the California MTUS Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Home Health Evaluation and Treat (RN, PT, OT) 6 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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. There is no clear documentation as the type of home health services being recommended for this patient, or the frequency/duration per type of service, to establish medical necessity. The 1/20/15 utilization review modified the request for postoperative home health evaluation and treatment (registered nurse, physical therapy, occupational therapy) for a total of six visits, to one evaluation by a registered nurse to assess the needs of the patient following surgery. There is no compelling reason presented to support additional home health care authorization at this time. Therefore, this request is not medically necessary.