

Case Number:	CM15-0221562		
Date Assigned:	11/17/2015	Date of Injury:	06/06/2012
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/11/2015

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 male who sustained an industrial injury on 6/6/12, relative to cumulative trauma as a warehouse worker. Past medical history was positive for diabetes, hypertension, elevated cholesterol, depression and anxiety. The 11/21/14 cervical spine MRI impression documented mild bilateral neuroforaminal narrowing at C3/4. At C4/5, there was moderate canal stenosis and mild bilateral neuroforaminal narrowing. At C5/6, there was severe canal stenosis and severe bilateral neuroforaminal narrowing. At C6/7, there was moderate canal stenosis and severe left and moderate right neuroforaminal narrowing. There was multilevel posterior disc pathology contiguous to the level of the posterior longitudinal ligament. Canal stenosis at C4/5, C5/6, and C6/7 can be partly related to thickening/ossification of the posterior longitudinal ligament. The 8/11/15 orthopedic surgery report cited neck pain with radiating arm pain, upper extremity weakness, and progressive balance disorder. Imaging showed spinal cord compression at C4-7, consistent with cervical myelopathy. He had signs/symptoms of cubital and carpal tunnel syndromes which might require surgery if his hand symptoms were not remedied by cervical surgery. Cervical spine exam documented general cervical tenderness and spasms, decreased right dermatomal sensation, 4/5 right wrist extensor weakness, and positive Hoffman's. Elbow exam documented positive Tinel's over the left cubital tunnel with a subluxing ulnar nerve. There were positive compression and Tinel's tests at the wrists bilaterally. Lumbar spine exam documented unbalanced heel-to-toe gait, and bilateral patellar hyperreflexia. This injured worker underwent a C4-C7 anterior cervical discectomy, 60% partial corpectomy of C5, and fusion on 10/13/15. Records documented that post-operative operative physical therapy

had been certified with no evidence that other home health care had been approved. Authorization was requested for a home health aide 4 hours per day, 3 days per week, for 2 weeks for the cervical spine (24 hours total). The 10/21/15 utilization review non-certified the request for 24 hours of home health aide services as there was no documentation of what home health services were being sought or documentation that the claimant was, or would be bedridden, or otherwise non-ambulatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 4 Hours a Day, 3 Days a Week for 2 Weeks Cervical (24 Total): 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 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. This injured worker underwent a C4-C7 anterior cervical discectomy, C5 corpectomy, and fusion on 10/13/15. There is no evidence that the patient is homebound. There is no clear description of the services being requested or functional limitations requiring home health services. There is no evidence or physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request is not medically necessary.