MAXIMUS Federal Services

Case Number:	CM14-0217914		
Date Assigned:	01/07/2015	Date of Injury:	06/05/2009
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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:

According to the records made available for review, the injured worker is a 55 year-old male with a date of injury of 06/05/2009. The results of the injury include low back pain. Diagnoses have included status post three-level anterior cervical discectomy and fusion; persistent right upper extremity radiculopathy; thoracic spine sprain/strain; and impingement syndrome right shoulder with adhesive capsulitis. Diagnostic studies were not included in the submitted documentation. Treatments have included medications, epidural steroid injections, TENS unit, cervical collar, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Flexeril, Dendracin lotion, and Lidoderm patches. Surgical interventions have included three-level anterior cervical discectomy and fusion, performed on 11/03/2010. A progress note from the treating physician, dated 12/16/2014, documents a follow-up visit with the injured worker. The injured worker reported pain in the neck radiating into the right upper extremity; numbness in the ulnar nerve distribution of the right forearm and fourth and fifth digits; difficulty swallowing; urinary incontinence; pain in the low back and right thigh; persistent bilateral shoulder pain; and rated the pain at 5-6/10 on the visual analog scale. Objective findings included severe restriction of range of motion of the cervical spine: 5 degrees right rotation, 5 degrees left rotation, 5-10 degrees extension, and 5 degrees flexion; significant decrease in muscle strength graded 2/5 in the right upper extremity as compared to the left; hypesthesia in the right ulnar nerve distribution; biceps, triceps, and brachioradialis reflexes are 2+ on the left, trace on the right; Jamar grip strength significantly less with right hand as compared to left hand; and bilateral paraspinous tenderness with 1+ palpable muscle spasm

present . Treatment plan was documented to include awaiting authorization for evaluation of the cervical spine for a hardware removal; continue home health care 42 hours per week; continuation of medications: Flexeril, Gabapentin, Norco, and Dendracin lotion as prescribed; and follow-up evaluation in one month. Request is being made for a prescription for Home health aid 42 hrs/wk x 3-6 months and a prescription for Skilled Nurse every two weeks to trim his nails x 3-6 months.On 12/19/2014, Utilization Review non-certified a prescription for Home health aid 42 hrs/wk x 3-6 months. Utilization Review non-certified a prescription for Home health aid 42 hrs/wk x 3-6 months based on the lack of documentation to indicate the injured worker is homebound. As well, the objective exam included in the documentation does not indicate any circumstance that would prevent the injured worker from attending future medical care in a clinical setting. The Utilization Review cited the CA MTUS 2009 Chronic Pain Medical Treatment Guidelines: Home Health Services. Utilization Review non-certified a prescription for Skilled Nurse every two weeks to trim his nails x 3-6 months. Utilization Review non-certified a prescription for Skilled Nurse every two weeks to trim his nails x 3-6 months based on the lack of documentation to indicate the injured worker is homebound. As well, the objective exam included in the documentation does not indicate any circumstance that would prevent the injured worker from attending future medical care in a clinical setting. The Utilization Review cited the CA MTUS 2009 Chronic Pain Medical Treatment Guidelines: Home Health Services.Application for independent medical review was made on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid 42 hrs/week x 3-6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The patient presents with frequent headaches, neck pain radiating down to arms, mid back pain that radiates down his legs, and shoulder pain. The request is for HOME HEALTH AID 42 HRS/WEEK X 3-6 MONTHS. The patient uses a walking stick and wheelchair, due to weakness to legs. Patient's diagnosis included post op three level anterior cervical fusion T/S and Impingement syndrome right shoulder with adhesive capsulitis. Patient is totally temporarily disabled.MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aids like bathing, dressing, and using the bathroom when this is the only care needed."Per progress report dated 11/11/14, treater states that the patient should continue with home health and that he needs help with personal hygiene and other activities of daily living. The patient is using a walking stick and wheelchair due to weakness to legs. In this case, there are no significant physical findings that would require custodial care. There were no reports of neurological conditions that limit the patient's ability to

perform self-care and ADL's. Furthermore, while the treater indicates that the patient needs help with personal hygiene, there is no explanation as to why the patient is unable other than due to subjective pain. There are no neurologic deficits, no dexterity issues based on a neurologic condition. Therefore, the request IS NOT medically necessary.

Skilled Nurse every two weeks to trim his nails x 3-6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The patient presents with frequent headaches, neck pain radiating down to arms, mid back pain that radiates down his legs, and shoulder pain. The request is for SKILLED NURSE EVERY TWO WEEKS TO TRIM HIS NAILS X 3-6 MONTHS. The patient uses a walking stick and wheelchair, due to weakness to legs. Patient's diagnosis included post op three level anterior cervical fusion T/S and Impingement syndrome right shoulder with adhesive capsulitis. Patient is totally temporarily disabled.MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aids like bathing, dressing, and using the bathroom when this is the only care needed."Per progress report dated 11/11/14, treater states that the patient should continue with home health and that he needs help with personal hygiene and other activities of daily living. The patient is using a walking stick and wheelchair due to weakness to legs. In this case, there are no significant physical findings that would require custodial care. There were no reports of neurological conditions that limit the patient's ability to perform self-care and ADL's. Furthermore, while the treater indicates that the patient needs help with personal hygiene, there is no explanation as to why the patient is unable other than due to subjective pain. There are no neurologic deficits, no dexterity issues based on a neurologic condition. Therefore, the request IS NOT medically necessary.