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| Case Number: | CM15-0012690 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 10/07/2012 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 53 year old female, who sustained an industrial injury on 10/7/2012. The current diagnoses are cervical strain and radiculopathy. Currently, the injured worker complains of neck pain, numbness of the arms, worse on the right, impingement, and stiffness. Treatment to date has included medications, physical therapy, and epidural steroid injections. Per notes, there are recommendations for an anterior cervical fusion on C5-C6. The treating physician is requesting home health nurse for daily dressing changes and wound check for fourteen days, which is now under review. On 12/30/2014, Utilization Review had non-certified a request for home health nurse for daily dressing changes and wound check for fourteen days. The home health nurse was non-certified based on no indication that the requested surgery was deemed medically necessary. The California MTUS Chronic Pain and ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse for daily dressing changes and wound check for fourteen days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation ODG Pain, Home Health Services

Decision rationale: According to MTUS and ODG Home Health Services section, "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." Given the medical records provided, employee does not appear to be homebound. Additionally, documentation provided does not indicate that the related surgery has been approved. As such, the current request for Home health nurse for daily dressing changes and wound check for fourteen days is not medically necessary at this time.