

Case Number:	CM15-0013887		
Date Assigned:	02/02/2015	Date of Injury:	04/13/2012
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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 42 year old male, who sustained an industrial injury on 04/13/12. He was diagnosed with right shoulder dislocation and chronic pain, and chronic neck pain with disc herniations. He underwent right shoulder arthroscopic debridement and capsulorrhaphy on 9/17/12. The 12/10/14 treating physician report noted on-going neck and right shoulder pain with radiating symptoms down the right upper extremity. A cervical epidural steroid injection was reported wearing off. Updated MRI was recommended. The 12/17/2014 cervical x-rays showed degenerative disc disease at C5/6 and C6/7. The 12/17/14 cervical MRI showed right paracentral disc herniation at C5/6 causing moderate to severe foraminal stenosis. At C6/7, there was a small right-sided disc herniation causing moderate foraminal stenosis. The 12/26/14 treating physician report cited severe neck pain radiating into the right upper extremity. Symptoms were reported worsening. Physical exam documented lower cervical tenderness, moderate loss of range of motion, positive Spurling's to the right, and decreased sensation in the radial right forearm and digits. The diagnosis was right sided C5/6 and C6/7 disc herniation. The treatment plan recommended disc replacement surgery at both levels. A request for authorization of a home health visit and pre-operative lab work was submitted. On 01/07/2015, Utilization Review non-certified requests for an initial home health visit and preoperative lab work noting that since the requested surgical procedure was not medically necessary, the requests for pre-operative lab work and one home health visit after surgery are not medically necessary. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial home health visit: 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 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. Guideline criteria have not been met. There is no clear documentation as the type of home health services are being recommended for this patient to establish medical necessity. Additionally, there is no documentation that the associated surgery was deemed medically necessary. Therefore, this request is not medically necessary.

Pre-op lab works: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that indications for pre-operative lab testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have not been met. Although basic lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of a non-specific request cannot be established. Additionally, there is no documentation that the associated surgery was deemed medically necessary. Therefore, this request is not medically necessary.