

Case Number:	CM15-0113050		
Date Assigned:	06/19/2015	Date of Injury:	08/26/2010
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old, male who sustained a work related injury on 8/26/10. The diagnoses have included cervical myelopathy, status post cervical fusion, cervical cord compression, cervical spinal stenosis and neck pain. Treatments have included cervical fusion on 2/17/12, physical therapy, epidural injections, use of a cervical collar support and medications. In the Discharge Summary dated 5/2/15, the injured worker had recent cervical spine surgery. He is able to ambulate with use of front-wheeled walker, but without this he has gait problems and is at the risk of falls. He has difficulty turning from side to side while in bed. He is wearing cervical collar support. The treatment plan includes home health physical therapy and occupational therapy evaluations and treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional HHPT (home health physical therapy), 3 times wkly for 4 wks, 12 sessions:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The injured worker sustained a work related injury on 8/26/10. The medical records provided indicate the diagnosis of cervical myelopathy, status post cervical fusion, cervical cord compression, cervical spinal stenosis and neck pain. Treatments have included cervical fusion on 2/17/12, physical therapy, epidural injections, use of a cervical collar support and medications. The medical records provided for review do not indicate a medical necessity for Additional HHPT (home health physical therapy), 3 times wkly for 4 wks, 12 sessions. The medical records did not specify how many sessions the injured worker has had. The MTUS recommends: Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Postsurgical physical medicine treatment period: 6 months. Not knowing the number of sessions the injured worker has had makes it difficult to determine the appropriateness of additional therapy.

Additional HHOT (home health occupational therapy), 3 times wkly for 4 wks, 12 sessions: 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 Occupational therapy (OT) Page(s): 74, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 8/26/10. The medical records provided indicate the diagnosis of cervical myelopathy, status post cervical fusion, cervical cord compression, cervical spinal stenosis and neck pain. Treatments have included cervical fusion on 2/17/12, physical therapy, epidural injections, use of a cervical collar support and medications. The medical records provided for review do not indicate a medical necessity for Additional HHOT (home health occupational therapy), 3 times wkly for 4 wks, 12 sessions. The medical records indicate the injured worker has ongoing problems with balance and activities of daily living problems after neck surgery; however, although the records noted he has had Occupational therapy following the surgery, the medical records did not specify how many occupational therapy sessions the injured worker has had. The MTUS uses the same guidelines for Occupational therapy and Physical Medicine. The MTUS recommends: Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Postsurgical physical medicine treatment period: 6 months. Not knowing the number of sessions the injured worker has had makes it difficult to determine the appropriateness of additional therapy.

Additional HHRN (home health registered nursing), 3 times wkly for 4 wks, 12 sessions for Cervical: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Home health services.

Decision rationale: The injured worker sustained a work related injury on 8/26/10. The medical records provided indicate the diagnosis of cervical myelopathy, status post cervical fusion, cervical cord compression, cervical spinal stenosis and neck pain. Treatments have included cervical fusion on 2/17/12, physical therapy, epidural injections, use of a cervical collar support and medications. The medical records provided for review do indicate a medical necessity for Additional HHRN (home health registered nursing), 3 times wkly for 4 wks, 12 sessions for Cervical. The medical records indicate the injured worker had cervical surgery in 04/15; the injured worker is having problems with gait and has problems with certain self care. The injured worker is on several medications, some of which monitoring; the worker has been evaluated by a nurse who determined he still needs home health nursing care. The MTUS recommends home health services 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. The Official disability guidelines defines homebound as "confined to the home." This means: The individual has trouble leaving the home without help (e.g., using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of the occupational illness or injury OR Leaving the home isn't recommended because of the occupational illness or injury AND The individual is normally unable to leave home and leaving home is a major effort. (CMS, 2014) The Official Disability Guidelines recommends extension of home health services beyond 60 days be preceded by referral for an in-home evaluation by a Home Health Care Agency Registered Nurse, Physical Therapist, Occupational Therapist, or other qualified professional certified by the Centers for Medicare and Medicaid The records indicate the injured worker meets the definition of homebound; the assessment was done by a registered nurse and a physical therapist.