

<b>Case Number:</b>	CM15-0125468		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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:

The injured worker is a 68 year old male with an industrial injury dated 08/16/2011. The mechanism of injury is documented as being hit in the face with a hammer during an assault resulting in multiple injuries and extended hospitalization. His diagnoses included cervical spine pain radiating into right arm, status post anterior cervical spine fusion of cervical 6-7 and laceration of face, status post Lefort II, moderate to severe obstructive sleep apnea, loss of lower teeth and right cranial nerve IV diplopia. Prior treatment included extended hospital admission with specialty consults, surgery, physical therapy, occupational therapy, diagnostics, medications, and acupuncture, feeding tube, ophthalmology, neurology, cardiac, orthopedic and psychological services. He presents on 03/04/2015 with right hand and arm pain with tingling, weakness and numbness and left shoulder and forearm pain. He also noted indigestion, insomnia, depression, blurred vision and diplopia. There was swelling in both legs. There was increased upper lip pain and numbness with drooling. Physical exam noted the injured worker had difficulty focusing. Left eye was sunken. There was decreased range of motion of right shoulder with decreased sense of touch and decreased reflex. There was tenderness to palpation to the left foot. Prior records document the injured worker falls a lot. Treatment plan included home health care assistant, Korean neuropsychology evaluation, neuro-ophthalmology follow up and electro diagnostic testing of the bilateral upper extremities. The injured worker was not working. The request for Korean neuropsychology evaluation and neuro-ophthalmology follow up was authorized. The treatment request is for home health care assistant 6 hours a day, 7 days a week and electro diagnostic testing of the bilateral upper extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Electrodiagnostic testing of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), head (trauma, headaches).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

**Decision rationale:** Review indicates the patient underwent previous Electrodiagnostics in 2012 without change in symptom complaints. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any acute symptoms or deteriorating clinical findings to suggest any acute cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and hypersensitivity without specific consistent myotomal or dermatomal correlation. This chronic injury is without red-flag conditions, new injury, or progressive neurological deficits to support repeating the electrodiagnostic study. The Electrodiagnostic testing of the bilateral upper extremities is not medically necessary and appropriate.

### **1 Home health care assistant 6 hours a day, 7 days a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic), home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

**Decision rationale:** Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits without identified person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The 1 Home health care assistant 6 hours a day, 7 days a week is not medically necessary and appropriate.

