

Case Number:	CM15-0173693		
Date Assigned:	09/15/2015	Date of Injury:	05/21/1999
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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:

This injured worker is a 67-year-old female who sustained an industrial injury on 5/21/99. Injury occurred when she slipped and fell while walking in a parking lot. She underwent right shoulder arthroscopic acromioplasty and coracoacromial ligament resection on 1/13/00. Past medical history was positive for oxygen-dependent chronic obstructive pulmonary disease, depression, anxiety, and gastritis. She underwent a successful intrathecal pump trial on 3/19/15 and records indicated that she was approved for a pain pump implant. The 7/14/15 treating physician report cited persistent neck pain radiating down both upper extremities, right greater than left, and down to the thoracic and even lumbar area. She reported difficulty functioning throughout the day, and was depressed and anxious. The injured worker was oxygen-dependent, confined to a wheelchair, and able to ambulate only short distances with a walker. Medications included MSContin, Norco, Imitrex, Neurontin, Doral, FexMid, Prilosec, Wellbutrin, Prozac, Prednisone, Theophylline, Advair, and Atenolol. Physical exam documented the injured worker to be in obvious distress. There was decreased cervical and lumbar range of motion with muscle tenderness to palpation. Bilateral shoulder exam documented significantly decreased global strength with limited range of motion. There was decreased right upper extremity and lateral forearm sensation, and decreased bilateral lateral calf sensation. There was 4 to 4+/5 lower extremity global strength. An intrathecal pump trial was documented with 70% pain relief. Records documented that the patient had been authorized for implantation of the intrathecal pain pump. The treating physician expressed concern for increased respiratory depression at up to 8 hours following the pump implant. The surgery center would not be able to observe her

throughout the entire recovery period. Authorization was requested for 18 hours of post-op home health RN care following intrathecal pump implantation. The 8/4/15 utilization review modified the request for 18 hours of post-op home health RN care following intrathecal pump implantation to 8 hours based on a discussion with the treating physician and considering that 2 hours of surgical center observation was reasonable and inpatient admission could be arranged if needed during the recovery period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op 18 hours home health RN post Intrathecal pump implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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, generally 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. Guideline criteria have been met for short-term skilled nursing care and observation during the immediate post pump implant period. The 8/4/15 utilization review modified this request to 8 hours of home health RN care based on a discussion with the treating physician. There is no compelling rationale to support the medical necessity of additional certification at this time. Therefore, this request is not medically necessary.