

Case Number:	CM15-0175153		
Date Assigned:	10/08/2015	Date of Injury:	10/16/2006
Decision Date:	11/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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 58 year old male who sustained an industrial injury on 10-16-06. A review of the medical records reveals the injured worker is undergoing treatment for cervical radiculopathy and bilateral shoulder internal derangement. Medical records (06-26-15) reveal the injured worker is 2 ½ week postoperative cervical fusion. The physical exam (06-26-15) revealed well healing wound with no active drainage; some erythema in the inferior part of the incision. Motor strength was 5/5 in the bilateral lower extremities and sensation intact to light touch and pinprick in the bilateral upper extremities. Of note, the injured worker was in the hospital for a prolonged period due to wound drainage. He had no infection and the post-operative wound cultures were negative. Prior treatment includes bilateral shoulder surgery, and cervical fusion on 06-08-15. The original utilization review (08-10-145) non certified the request for home health nurse to change the dressings until the staples are removed and the wound is clear, and for continued intravenous antibiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Nurse for dressing changes until staples are removed and wound is clear: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 10-16-06. The medical records provided indicate the diagnosis of cervical radiculopathy and bilateral shoulder internal derangement. Treatments have included bilateral shoulder surgery, and cervical fusion on 06-08-15. The medical records provided for review do not indicate a medical necessity for Home Health Care Nurse for dressing changes until staples are removed and wound is clear. The MTUS does not recommend home health except for individuals that are homebound for otherwise recommended medical treatment. The medical report of 08/06/215 states the injured worker no longer needs home health care or dressing changes, and his PICC line was to be discontinued on 07/24/15. The request is not medically necessary.

Continued IV antibiotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physicians. Current Guidelines for Antibiotic Prophylaxis of Surgical Wounds <http://www.aafp.org/afp/1998/0601/p2731.html>.

Decision rationale: The injured worker sustained a work related injury on 10-16-06. The medical records provided indicate the diagnosis of cervical radiculopathy and bilateral shoulder internal derangement. Treatments have included bilateral shoulder surgery, and cervical fusion on 06-08-15. The medical records provided for review do not indicate a medical necessity for: Continued IV antibiotics. The MTUS does not recommend home health except for individuals that are homebound for otherwise recommended medical treatment. The medical report of 08/06/215 states the injured worker no longer needs home health care or dressing changes, and his PICC line was to be discontinued on 07/24/15. The MTUS and the Official Disability Guidelines are silent on prophylactic antibiotics, but the American Family Physicians recommends prophylactic antibiotics for neurosurgical procedures. However, IV antibiotics is no longer medically necessary since the medical records indicate it was discontinued after more than three weeks of use.