

<b>Case Number:</b>	CM15-0177804		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on August 9, 2012. The injured worker was evaluated on August 26, 2015 for a post-operative evaluation following C5-7 anterior cervical decompression and fusion on July 2, 2015. He complained of discomfort in the right scapula region and the right lateral shoulder. He had no arm numbness. The evaluating physician noted that the injured worker was "divorced now. He does not have help at home anymore. He has 2 small children at home 6 and 8 years old." The injured worker reported that he was having a hard time with activities of daily living, housework and cooking. On physical examination the injured worker had no signs of swelling in the neck and his surgical incisions were healing. His neck range of motion was "non-irritable" and he had mild diffuse tenderness in the upper thoracic region between the shoulder blades. On physical examination the injured worker had 5-5 motor strength in the deltoid, bicep, wrist extensors, triceps, finger flexors and interossal muscle groups bilaterally. He had 5-5 motor strength in the iliopsoas, quadriceps, tibialis anterior, and EHL and gastroc muscle groups bilaterally. His sensory to light touch was grossly intact in the C4-T1 distribution and the L2-S1 distribution. The injured worker had equal and normal deep tendon reflexes bilaterally. He had a negative Hoffman's reflex and negative ankle clonus. Imaging on August 26, 2015 revealed stable instrumentation and progressive fusion of C5-7 with no hardware failure, subsidence or displacement. The injured worker was diagnosed as having status post anterior cervical fusion, thoracic strain and right rhomboid strain. The evaluating physician noted that the injured worker was doing very well with significant improvement in his neck and arm pain. Treatment to date has included physical

therapy, aqua therapy, shoulder injection, anterior cervical decompression and fusion on July 2, 2015, right shoulder arthroscopy, and orthotics. A request for authorization for home care 2 times weekly for 4 weeks per order 8-26-2015 was received on September 1, 2015. On September 3, 2015, the Utilization Review physician determined home care 2 times weekly for 4 weeks per order 8-26-2015 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home care 2 times weekly for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Home Health Services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** The claimant sustained a work injury in August 2012 and underwent a multilevel anterior cervical decompression and fusion on 07/02/15. On the first postoperative day the claimant was ambulatory and was stable for discharge to home. He was seen for his first postoperative follow-up on 08/26/15. He was noted to be divorced and had two children at home ages six and eight and was having difficulty with activities of daily living, housework, and cooking. Physical examination findings included mild upper thoracic tenderness with a normal neurological examination. Imaging results showed expected postoperative findings. The assessment references the claimant as doing well after surgery. Authorization for home care services two times per week for four weeks was requested for activities of daily living, housework, and meal preparation. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. In this case, the claimant continues to be treated on an outpatient basis and is not home bound. There are no identified functional deficits that would require home care services. The claimant's surgery was uncomplicated and he was discharged home the next day and is now nearly two months status post surgery. The request is not medically necessary.