

Case Number:	CM14-0162065		
Date Assigned:	10/07/2014	Date of Injury:	12/14/2013
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California and Missouri. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 51-year-old male with a 12/14/13 date of injury. At the time (8/26/14) of the request for authorization for transportation after post op to and from treatment only and home care of 2 hours per day, six days per week for two weeks post op, there is documentation of subjective (neck pain with pain radiating to the right trapezial region extending to the posterior aspect of the right proximal arm, lower back pain with pain radiating to the right hip and posterior aspect of the right leg) and objective (4+/5 left biceps/wrist extensors and interosseous muscles, positive Hoffman on the left) findings, current diagnoses (lumbago, cervical myelopathy, and C5/6 stenosis), and treatment to date (medications). Medical reports identify a pending ACDF C5/6 surgery with cage, autograft, allograft with plate that has been certified/authorized. Regarding transportation after post op to and from treatment only, there is no documentation of disabilities preventing the patient from self-transport. Regarding home care of 2 hours per day, six days per week for two weeks post op, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation After Post Operation To And From Treatment Only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transport as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of diagnoses of lumbago, cervical myelopathy, and C5/6 stenosis. However, despite documentation of a pending ACDF C5/6 surgery with cage, autograft, allograft with plate that has been certified/authorized, there is no documentation of disabilities preventing the patient from self-transport. Therefore, based on guidelines and a review of the evidence, the request for Transportation After Post Operation To And From Treatment Only is not medically necessary.

Home Care of 2 Hours Per Day, Six Days Per Week For Two Weeks Post Operation:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of lumbago, cervical myelopathy, and C5/6 stenosis. In addition, there is documentation of a pending ACDF C5/6 surgery with cage, autograft, allograft with plate that has been certified/authorized. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Home Care is not medically necessary.