

Case Number:	CM15-0101535		
Date Assigned:	06/04/2015	Date of Injury:	06/29/2008
Decision Date:	10/02/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 41-year-old male, who sustained an industrial injury on 06/29/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lumbar five to sacral one transforaminal lumbar interbody fusion and neuromuscular disease. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, laboratory studies, skilled nursing facility stay, medication regimen, physical therapy, steroid injections, wound care, and intravenous antibiotic therapy. In a progress note dated 04/20/2015 the treating physician reports complaints of back pain that is noted to be improving, with an examination revealing for a well approximated lumbar incision that is positive for fibrous/ granulation tissue and no active drainage. The treating physician also noted improvement in erythrocyte sedimentation rate and C-reactive protein. The progress note also indicated that the injured worker would continue his stay at the skilled nursing facility. The progress note from 05/01/2015 also noted a continuation of stay at skilled nursing facility secondary to poor ambulation and the need for intravenous antibiotics. The treating physician requested home health aide (wound care, activities of daily living, in home physical therapy) of an unspecified duration noting that the injured worker will continue with dressing changes twice a day. The treating physician also requested the laboratory studies of a complete blood count, comprehensive metabolic panel, erythrocyte sedimentation rate, Vancomycin trough level for weekly laboratory studies. The physician requested home physical therapy with the frequency and duration unspecified for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide (Wound Care, ADLs, In Home Physical Therapy), unspecified duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) Home health services.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Home Health aide for this patient. The clinical records submitted do not support the fact that this patient would require Home Health nursing services for no more than 35 hours per week. The California MTUS Guidelines state that Home Health Services are recommended only for medical treatment of "patients who are homebound, on a part-time or "intermittent" basis, generally up to 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. This patient has been recommended to receive a skilled nursing level of care. The patient is currently improving but still requires extensive care. A duration of the requested home care was not specified. Home health services are intended to be temporary; not permanent. Therefore, based on the submitted medical documentation, the request for a home health aide is not medically necessary.

Lab: CBC (complete blood count): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or infectious inflammatory condition. The patient has received vancomycin therapy in the remote past for a surgical wound infection; however, there is not documentation of current infection or abscess. There is no justification for continuation of antibiotics or antibiotic associated testing. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.

Lab: CMP (comprehensive metabolic panel): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints. "The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or infectious inflammatory condition. The patient has received vancomycin therapy in the remote past for a surgical wound infection; however, there is not documentation of current infection or abscess. Based on the medical documentation, there is no justification for continuation of antibiotics or antibiotic associated lab testing. Therefore, based on the submitted medical documentation, the request for CMP testing is not-medically necessary.

Lab: ESR (erythrocyte sedimentation rate): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of ESR testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or infectious inflammatory condition. The patient has received vancomycin therapy in the remote past for a surgical wound infection; however, there is not documentation of current infection or abscess. Based on the medical documentation, there is no justification for continuation of antibiotics or antibiotic associated testing. Therefore, based on the submitted medical documentation, the request for ESR testing is not-medically necessary.

Lab: Vanco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids & other medications Page(s): 123.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a vanco prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit of number of medications, and dose of specific medications." The vanco prescription requested does not have a quantity, dose or dispensing instructions provided. There is no justification in the medical records as to why continued antibiotic therapy is necessary. Active wound infection or abscess is not documented in the patient's most recent clinical notes. Therefore, based on the submitted medical documentation, the request for vanco prescription is not medically necessary.

Lab: Trough level: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of vanco trough testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or infectious inflammatory condition. The patient has received vancomycin therapy in the remote past for a surgical wound infection; however, there is not documentation of current infection or abscess. Based on the medical documentation, there is no justification for continuation of antibiotics or antibiotic associated testing. Therefore, based on the submitted medical documentation, the request for vanco trough testing is not-medically necessary.

Home Physical Therapy, frequency/ duration unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. " Guidelines also state that practitioners should, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an unknown number of additional sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Home physical therapy is meant to be transient; not permanent. Therefore, based on the

submitted medical documentation, the request for home physical therapy is not medically necessary.