

Case Number:	CM16-0249726		
Date Assigned:	01/04/2017	Date of Injury:	10/25/2016
Decision Date:	01/30/2017	UR Denial Date:	12/07/2016
Priority:	Standard	Application Received:	12/29/2016

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: Ohio, West Virginia, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 43 year old male who sustained an industrial injury on 10-25-2016. The documentation on 12-01-2016 noted the injured worker had a crush injury and thrombosis of his left kidney with a left colon injury and pericolic abscess. The abscess was drained but the drain was in the colon. He came to the provider he is now seeing and had a colon resection and anastomosis. The worker in his post op visits relates concern about multiple areas of the drains in the mid abdomen staining his dressings. He is in rehab as of 12-01-2016. The physical exam reveals the worker is awake and alert. He has positive bowel sounds and a clean incision with multiple small areas of slight opening. He has an abdominal dressing. A review of the medical records shows the injured worker has diagnosis that include status post crush injury status post exploratory laparotomy with a colon resection now recovering well. He has night time anxiety and epigastric pain and is given Protonix for bedtime. He has anxiety and posttraumatic stress syndrome with post-ICU syndrome. The treatment to date includes home health care. The treatment plan on 12-02-2016 includes continuation of home health with a daily RN for 4 weeks wound care, monitoring of wound healing, and home safety, medication management. The original utilization review 12-07-2016 non-certified the request for Daily RN for 4 weeks for wound care and monitoring of wound healing and home safety, medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daily RN for 4 weeks for wound care and monitoring of wound healing and home safety, medication management: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 11/22/16) Chapter: Skilled nursing facility (SNF) care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home Health Services.

Decision rationale: CA-MTUS states regarding home health services; "Recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound) and who require one or all of the following: 1). Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, speech-language pathology services, and/or 2) Personal care services for health-related tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications, and/or (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional." In this case this IW is recently post hospitalization and surgery. The record notes incomplete wound healing from laparotomy and potential need for ADL assistance. The duration of this request is reasonable and this request would appear to be indicated per evidence based guidelines. As such, I am reversing the prior review decision and deem the request for Daily RN for 4 weeks for wound care and monitoring of wound healing and home safety, medication management to be medically necessary.