

Case Number:	CM17-0004133		
Date Assigned:	01/11/2017	Date of Injury:	10/28/2016
Decision Date:	02/13/2017	UR Denial Date:	12/13/2016
Priority:	Standard	Application Received:	01/05/2017

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: California

Certification(s)/Specialty: Family Practice, 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:

This case involves a now 43-year-old male with a history of an occupational claim from 10/28/2016. The mechanism of injury is detailed as a forklift rollover accident. The current diagnoses are documented as low back pain, unspecified fracture of unspecified lumbar vertebra, fracture of unspecified parts of the lumbosacral spine and pelvis, unspecified fracture of the sacrum, and radiculopathy, lumbosacral region. The diagnostic studies were noncontributory to this request. The surgical history included a pelvic ring open reduction/internal fixation on 10/31/2016, and a right distal femur traction pin placement on 10/28/2016 followed by removal on 11/01/2016. The documentation of 11/16/2016 indicated the patient was driving a forklift up a ramp and then fell 3 feet to the ground. The patient was pinned underneath the forklift and extricated by coworkers. The patient had subjective complaints of pain. The patient had been treated with physical therapy and medication. The patient complained of back pain, pelvic pain, bilateral calf pain, and left sided hearing changes. The pain in the back was rated 8/10. The pain in the pelvis was rated 8/10. The patient had been home times 1 week and required help with all activities of daily living. The patient's wife and family members had been helping with activities of daily living, but were finding it increasingly difficult. The physical examination revealed the patient was sitting up in a manual wheelchair. The patient required 2 people to assist to transfer to the examination bed. The patient had tenderness to the bilateral lower quadrants, likely secondary to postoperative pain. There was a horizontal surgical incision in the suprapubic region approximately 13 cm in length, approximately 22 staples in place with the incision appearing to be healing well with no drainage or evidence of infection. There was no tenderness

to palpation of the bilateral knees or calf and no erythema or swelling of the bilateral calves. Bilateral upper extremity strength was 5/5. Sensation was intact. Tone was within normal limits. There was limited range of motion secondary to the pelvis and low back. The patient was non-weight bearing to the bilateral lower extremities per the case manager. The patient had decreased sensation to bilateral lower extremities. Strength was 5/5. Range of motion was decreased. The patient was unable to stand and was wheelchair/bed bound. The treatment plan included a home evaluation for ramp placement to get home access, occupational therapy, a referral to neurosurgery, and medications, including hydrocodone/acetaminophen and gabapentin. The physician opined the patient would benefit from acute rehabilitation to address the bed mobility, functional mobility, transfers, wheelchair mobility, strengthening, dressing, and toileting. The Request for Authorization was dated 11/17/2016. The patient was noted to live in a second floor apartment with no elevator access. The subsequent documentation of 11/25/2016 indicated the patient was in need of a wound care nurse for 1 to 2 visits for the right hip incision evaluation, treatment, and to demonstrate treatment to the wife. The Request for Authorization for this request was dated 12/08/2016. The treatment was modified on 12/13/2016. The rationale indicated the patient was approved for 1 to 2 visits with a wound care nurse to evaluate the right hip incision. The patient was previously approved for the neurosurgeon evaluation. The approval was on 11/23/2016 and therefore the neurosurgeon evaluation was a duplicate request. Additionally, as the patient was approved for a prior wound care nurse evaluation, the request would be duplicative. Regarding the acute rehabilitation, the patient was approved for a 2 week trial of the acute rehabilitation unit and pending documentation the patient subjectively and objectively, further recommendations may be forthcoming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon evaluation for the Low back/Pelvis: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the ACOEM Guidelines, the request for a referral is supported when it is necessary to plan a course of care that may benefit from additional expertise. The documentation indicated the patient had been approved for a neurosurgeon evaluation for the low back and pelvis. This request would be duplicative. As such, the requested neurosurgeon evaluation for the low back and pelvis is not medically necessary.

Wound care nurse, 1-2 visits to evaluate right hip incision, treat, and demonstrate treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Home health services.

Decision rationale: The ACOEM guidelines do not address the request. The California MTUS Chronic Pain Guidelines 2016, as outlined in the MTUS introduction, was intended to address pain symptoms considered as chronic (3 months, greater than 12 weeks per the Introduction section of MTUS 2016 Chronic Pain Guidelines). This requested treatment appears to be related to pain that is less than the length of time defined as Chronic per MTUS. Because of the 'acute' nature, alternative guidelines were utilized. The Official Disability Guidelines indicate that home health services are recommended only to deliver otherwise recommended medical treatment to patients who are homebound, on a part-time or "intermittent" basis. Home health skilled nursing is recommended for wound care or IV antibiotic administration. The documentation indicated the patient had been approved for 1 to 2 visits of wound care nursing. This request would be duplicative in nature. As such, the request is not medically necessary.

Two to three week trial of Acute Rehabilitation Unit with possible extension from one to three weeks was the original request. Two week trial of Acute Rehabilitation Unit was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, one week trial of Acute Rehabilitation Unit is: Upheld

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

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Skilled nursing facility LOS (SNF).

Decision rationale: The California MTUS and ACOEM Guidelines do not address skilled nursing. The Official Disability Guidelines indicate that skilled nursing may be appropriate for up to 10 to 12 days in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility immediately following an acute hospital stay for arthroplasty. The patient had sustained multiple injuries and had findings that would support acute rehabilitation. The patient was approved for a 2 week trial of acute rehabilitation. This would be appropriate treatment. An additional stay at the unit would not be appropriate without documentation of benefit that was received from prior treatment. As such, the remaining request is not medically necessary.