

Case Number:	CM13-0020227		
Date Assigned:	01/03/2014	Date of Injury:	05/16/2002
Decision Date:	04/04/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 physician 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:

The claimant is a 59-year-old female with a reported injury date of 5/16/02. The records indicated that the claimant has carpal tunnel syndrome and stenosing tenosynovitis and is awaiting a left carpal tunnel release and A1 pulley releases. Home health services for five hours daily for three weeks have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health x 3 weeks, 5 hours a day: Upheld

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

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

Decision rationale: The requested home health services cannot be recommended as medically necessary. Neither carpal tunnel syndrome nor stenosing tenosynovitis should be significantly disabling to require home health care. Neither of these diagnoses would be expected to cause a patient to be homebound. There is no indication that the claimant is homebound for other reasons. California MTUS Chronic Pain 2009 Guidelines only allow part-time home care for homebound patients. There is no clear need for medical treatment for either of the diagnoses

listed. Therefore, the claimant does not fulfill CA MTUS Chronic Pain 2009 Guidelines for the requested service at this time based on the information reviewed.